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ABSTRACT

A survey of 104 individuals of non-English-speaking backgrounds (NESBs) living in South Australia nursing homes and personal care homes and staff of 75 institution housing NESB residents is reported. The study's objectives was to determine the culturally-based needs of the residents and the provision of culturally appropriate services to them. The report presents a summary of findings and recommendations, then describes in greater detail the study's objectives, methodology, results, discussion, and suggestions for culturally appropriate service delivery strategies. Important considerations concerning patients' rights, standards of care, use of language, the role of family and friends, ethnic communities and use of volunteers, staffing policies, and staff training are outlined. Staff training is dealt with specifically in Section 2.4.7 (pages 14-15) and section 7.6.1 (pages 67-68). Some recommendations are made for the general community and others are directed to the public service departments concerned, geriatric assessment teams, and mainstream nursing homes in South Australia. Appended materials include a bibliography, the survey questionnaires, statistical tables, verbal comments of respondents, and policy statements of residents' rights and responsibilities and of standards for nursing home care. (MSE) (Adjunct ERIC Clearinghouse on Literacy Education)

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THE CARE OF NON-ENGLISH SPEAKING BACKGROUND RESIDENTS IN MAINSTREAM NURSING HOMES AND HOSTELS

A RESEARCH REPORT

RITA PERKONS

1991

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FOREWORD

The Ethnic Communities Council of South Australia Inc. has taken a keen interest in access and equity and social justice principles, and so has welcomed a chance to carry out the research aimed at specifically identifying the needs of NESB older people residing in Adelaide's mainstream residential facilities.

This report clearly demonstrates two basic findings. A necessity for ongoing development and provision of culturally appropriate services for older NESB people living in nursing homes and hostels, and that assistance to access these services is required by the facilities due to existing barriers. This assistance will ensure nursing homes and hostels fulfil their responsibility for providing such services to NESB residents.

The report is highly significant to the Government's access and equity policy. Now that the needs of NESB residents and the barriers experienced by staff to providing these services are documented, action to improve access and equity can ensue. The Project Officer, Rita Perkons, should be congratulated.

It is with pride that the Ethnic Communities Council presents this report to the Minister of the Aged, Health and Housing, the Hon. Peter Staples, for his Department's consideration.

We trust this report will lead to an implementation of strategies aimed at meeting the needs of NESB older people. The Information Kit produced by the Ethnic Aged Project for nursing home and hostel use, is one of the first positive major steps in this direction.

The appropriate care of our elderly is of prime importance.

MR BRUNO KRUMINS AM
PRESIDENT
ETHNIC COMMUNITIES COUNCIL OF SA INC.

i) ACKNOWLEDGEMENTS

The research and resultant reports could not have been achieved without the support and cooperation from a large number of people and agencies. I would like to extend my first thanks to the Ethnic Communities Council of SA, particularly to the President Mr Bruno Krumins, and to the First Vice-President, Mrs Laima Bogens.

The Management Committee of the Ethnic Aged Care Project were very supportive and provided valuable advice when required. The past and present members of the Committee are listed below:

Margaretha Hanen
Multicultural Dementia Care Program

Tim Horsnell
Community Services For The Elderly
Adelaide Central Mission

Iwona Glowinski
Migrant Resource Centre Salisbury

Peter Flynn
Department of Health, Housing and Community Services

Adriana Farnham
Department of Health, Housing and Community Services

Eliza Duff-Tytler
St Basil's Nursing Home

Helena Reid
Eldercare Inc.

Laima Bogens
Ethnic Communities Council of SA Inc.

The Department of Health, Housing and Community Services was also there to help when I needed information and assistance in editing. Peter Flynn from the Department was particularly helpful and patient during the editing phase of the reports. Adriana Farnham was extremely supportive and worked hard towards this final product. A special thanks to both of you.

The nursing home and hostel staff were highly supportive of the project too. Their genuine concern for their NESB residents was evident, and gives the future for culturally appropriate service planning and delivery an optimistic outlook.

The residents of facilities provided valuable information, as did the elderly members of the NESB community groups approached for an interview. The majority were welcoming and keen to help, as they knew this work would help them care for their elderly more effectively over the coming years.

A large part of the information could not have been obtained without the valuable assistance of bilingual interviewers who volunteered to interview the elderly who were not fluent in English.

Finally, I would like to thank Penny Thompson who spent many hours in front of the word processor typing and correcting this document. A large job well done!

1.0 INTRODUCTION

In 1989, the Office of the Commissioner for the Ageing in conjunction with South Australia's Advisory Committee on Ethnic Aged Issues, with a great deal of support from the Department of Health, Housing and Community Services (DHHCS), produced a document titled:

> "Report of the Survey of Residents from Non-English Speaking Background in Nursing Homes and Hostels in South Australia." (1989)

The report indicated that further work had to be done in investigating the needs of NESB residents in mainstream residential facilities to counteract cultural and social isolation which may occur in a predominantly English speaking environment.

On the basis of the research, DHHCS drafted a proposal for an Ethnic Aged Care Project in 1989, in which was stated:

> "Many older people from non-English speaking background are placed in nursing homes and hostels that cater primarily for people from the mainstream Anglo-Celtic culture. These individuals however, require services that are attuned to their cultural background. Mainstream services required assistance to meet their needs appropriately. It is most important that the cultural preferences and experiences of residents are a central feature of the ultimate programs."

The Ethnic Communities Council of SA was successful in obtaining a grant from the DHHCS to commence the Ethnic Aged Care Project in 1990. This research was carried out under the auspices of the Council, and was generously funded by the Department of Health, Housing and Community Services, Special Services Program.

Whilst reading the report, it is important to keep the following points in mind. Firstly, the number of older people in our population is going to dramatically increase over the next twenty to thirty years, and the number of NESB elderly will make up 25 percent of this population. Being one quarter of the aged population means they will not be easily ignored. Hence, appropriate service development needs to start now, so that the services are in place when they are most needed.

The SA Office of the Commissioner for the Ageing's Annual report for 1988-89 indicated that five post World War 2 migrant groups will most likely place demand on aged care services in the next 10 to 20 years. The 1986 Census showed that 75 percent of the Estonian, Latvian, Lithuanian, Ukrainian and Byelorussian communities were 55 years of age or older. Now five years down the track, they are 60 years of age or older.

The Asian older population is also increasing. Again, the 1986 Census showed that 1 573 people from Asian communities are 65 years of age or older. The Asian older people make up 8.3 percent of the total NESB aged population in South Australia. This is quite a significant proportion. (OCA (SA) Annual Report 1989-90, p10).

A proportion of the NESB older population will be accommodated in nursing homes and hostels, as they will not have the people and services to care for them at home. This research aims to help nursing homes and hostels exercise their responsibility in providing culturally appropriate services for their NESB residents.

Resources will be needed to help establish links between existing services and nursing homes and hostels. This applies to both mainstream and ethno-specific community and residential services. The information in the report will assist service providers and ethnic communities to learn how to overcome the existing barriers in providing culturally appropriate care.

The results show that the use of their mother tongue and being able to communicate with their carers is the most important issue to NESB older people. To be able to continue enjoying their home country's cooking and maintaining social contacts with their community is also important. These are the activities missed the most by NESB residents of mainstream nursing homes and hostels.

The report aims to find solutions to fill the gaps in the NESB resident's lives, and urges all aged care services to work constructively and cooperatively to meet the existing and future needs of these important people.

2.0 SUMMARY OF FINDINGS

2.1 BACKGROUND TO AND OBJECTIVE OF THE RESEARCH

The research project was aimed at specifically identifying the needs of NESB elderly presently residing in Adelaide's mainstream residential facilities.

The Ethnic Communities Council of SA recognised that further research was required because of the increased number of NESB residents in nursing homes and hostels. The project also falls into the scope of the Department of Health, Housing and Community Services' Special Services Program with its emphasis on Access and Equity and Social Justice principles.

The next phase of the project will be to develop strategies to meet the needs.

2.2 WHAT WAS DONE

Three main populations relevant to the research were targetted and interviewed using a structured questionnaire. These were:

1. NESB Residents of nursing homes and hostels
2. The staff of these residential facilities
3. NESB older people still residing in the community.

The staff were sent the questionnaire by mail, and 75 facilities out of 140 responded.

Fifty-five NESB residents were interviewed, as well as 46 older members of NESB communities living in the community. As these two samples were too small to justify any result on their own, the two were merged together to give strength to the analyses. The questions for the two groups were the same for most of the questionnaire, only varied in relation to issues relevant directly to nursing home and hostel care. In these cases, separate tables and analyses of results occurred.

The staff respondents identified 323 NESB residents within their nursing home or hostel. This group covered 28 languages and 30 countries of birth which indicates the diversity of the present-day NESB resident population.

Using the questionnaire, the staff reported what was presently being done in the way of culturally appropriate service provision for their NESB residents.

2.3 FINDINGS

The NESB residents, community members and staff of the nursing homes and hostels all indicated that there was a need for additional culturally appropriate service provision within mainstream residential facilities.

The NESB residents identified the use of their first language in verbal and written form as their main unmet need. In addition to this, they desired culturally appropriate meals, bilingual staff, and other residents of the same ethnicity as themselves with whom to communicate.

The main provision of culturally matched services by the staff to-date was a general practitioner or religious representative of the same ethnicity, if so desired by the resident.

Whilst staff ensured contact with a general practitioner or a religious representative, they believed that more culturally appropriate services were required to maintain the culture and lifestyle of the NESB residents. Such services would fulfil their social care needs in addition to their physical and nursing care requirements.

Sixty-one percent of the staff said, that there are barriers to providing more culturally appropriate services. The main identified barriers are:

- not enough staff hours due to the changes in the RCI and CAM classifications, and hence, funding to provide the time to access such services.
- the NESB residents are too frail and ill to appreciate the services.

The NESB residents also saw barriers to accessing the services. The barriers to them are:

- language, and so being unable to communicate their needs.
- their own deteriorating health and mobility which restricts their ability to go to the club, church or visiting friends.

To overcome these barriers, the staff suggested that the culturally appropriate services should be provided by:

- community volunteers, and
- family and friends, particularly to provide meals.

As one staff member said:

> I feel ethnic social groups and services could make it their business to ensure that ethnic residents are being catered for if only on an emotional level. How about many more ethnic volunteers to visit homes or hostels and to provide and arrange transport to social groups, outings and functions on a regular basis. We have a library service which comes monthly, how about ethnic services arranging the same?

And another said:

> It is difficult to provide special ethnic programs for individuals especially if they are from different ethnic backgrounds. Information is not readily available and easily accessible, and funding and staffing are very limited.

However, it is the nursing home's and hostel's responsibility to ensure that all resident's needs are met, and that responsibility should not be placed on external organisations and people outside of the facility in the first instance.

The majority of respondents believed clustering, the practice of grouping people from the same NESB in one residential facility, was desirable, especially as it would simplify the provision of services and reduce cultural and social isolation.

2.3.1 The Information Kit and Cultural Diversity

The positive response from the staff in regards to having an Information Kit to assist in providing culturally appropriate care to their NESB residents, indicated the great need for such a resource.

The Department of Health, Housing and Community Services had suggested the development of the Kit, and the survey substantiated the need for one. It contains culture specific information on attitudes towards, for example, residential care, caring for the aged, and religious practices, plus information on diet, resource availability, and a number of other topics. Information relevant to eighteen communities, including Aboriginal, is in the Kit. The idea is that when a nursing home or hostel gets a resident from one of these communities, the staff can simply turn to the right section, inform themselves on issues related to that ethnic group, and so better understand the social history and develop an appropriate care management plan for the resident.

Even NESB residents believe such an Information Kit is necessary, to increase the awareness about their culture and diversity, and so lead to greater respect from their carers

Each country has its own traditions, religious practices, language and dialects, and different political relationships between ethnic groups. These all need to be considered when organising the provision of culturally appropriate services, particularly if there is more than one cluster within a facility. However, having one or two clusters simplifies the access to services and therefore improves cost-effectiveness.

The Information Kit is available from the Ethnic Communities Council of SA.

2.4 IMPORTANT POINTS TO REMEMBER

The debate on ethno-specific versus mainstream service provision, is still active today, and will continue to be because both types of services will exist to provide appropriate care and freedom of choice to older people. No person is barred from either type of service, although ethno-specific facilities are there to meet the needs of their targetted NESB community. However, there are several factors which restrict the access of the potential NESB resident to ethno-specific facilities, making the mainstream facility the only option.

For example, dispersed geographic distribution of some NESB groups creates problems in relation to travel and visiting if the one facility is not centrally placed. Existing ethno-specific nursing homes and soon to be ready hostels in Adelaide, have attempted to locate themselves in the vicinity of the core of the NESB community. Land availability has at times been a hindrance to achieving this goal.

Other factors are a vacancy may not be available in the ethno-specific facility at the time of placement, or a NESB community does not have a residential facility specific to their culture, particularly if a smaller community.

Hence, to date, NESB older people are more likely to be placed in a mainstream residential facility than an ethno-specific one.

Each service meets an important need, whether ethno-specific or mainstream. However, the mainstream facility does require extra assistance to provide culturally sensitive care and services. The strategies of clustering and the Information Kit, mentioned earlier, are two methods to help them do so.

The following five main points (four of these having been identified through the analyses of the research results) are also important to remember for effective culturally relevant care in mainstream residential facilities. The points are:

- Resident's rights and standards of care
- Use of language
- Family and friends
- Ethnic communities and volunteers
- Staffing policies of residential facilities

The Commonwealth Government's Access and Equity Strategy (OMA, 1988) stresses that all people should have equal access to services regardless of their background and language. The English speaking residents do not in principle, need to rely on their family and friends to provide appropriate meals, literature, music, and conversation. The NESB residents should not need to either, but the reality is different in many cases.

2.4.1 Residents' Rights and Standards of Care

The Department of Health, Housing and Community Services has defined a list of resident's rights to help maintain each person's individuality once they are placed in a nursing home or hostel.

This development is part of the Aged Care Reform Strategy introduced by the Department in 1985-6. The main aim was to streamline and standardise the provision of residential care services in Australia.

A number of Outcome Standards of Care for nursing home residents (and starting 1991 for Hostel residents as well) were also established in 1989. They are broad guidelines which the staff follow in relation to the residents' care and well-being.

A standard of care and a stated right of residents, clearly declares that NESB residents should have their cultural customs, religious practices and language maintained, and preferences met by the nursing home or hostel.

Hence, the responsibility of maintaining this standard of care is that of the residential facility, and it is the resident's right to expect their maintenance.

An evaluation of the Standards of Care Monitoring process, commissioned by DHHCS and conducted by the Australian National University (1990) indicated that the people in the Standards Monitoring Teams were not aware to which level cultural care needs were to be met, or what they were really looking for.

This points to the fact that the Monitoring Teams may require additional information on cultural diversity and culturally appropriate services, and possibly could make effective use of the Information Kit to assist in these requirements. Standards Monitoring Teams ensure that the nursing home or hostel is taking the responsibility of maintaining the residents' rights, and so they too need to know about the nature and application of culturally appropriate services

2.4.2 The Charter and Agreement between Resident and Nursing Home Proprietor

The Charter and Agreement was introduced by DHHCS in 1991 to further strengthen the right of the residents and the obligation of nursing homes to uphold them. This development is commendable and was welcomed by many people in the field.

However, two clauses within the Agreement, which is signed by the resident and is legally binding, are of concern in relation to equal access to, and provision of, services by NESB residents.

One relates to access and use of interpreters by NESB residents which will now be at their own cost; and the provision of "extra services" to residents at a fee, which could be interpreted as including culturally appropriate services. Both clauses have the potential to inhibit the access to services due to financial constraints of the NESB resident, and so make it difficult for them to maintain their quality of life and standards of care.

The contractual formality of the Agreement also is of concern particularly as it needs to be read and understood by the resident before signing. This could be difficult for those NESB residents who cannot read in English, or perhaps not even in their first language.

The document has been translated into eight languages (Croatian, Russian, Polish, Italian, Chinese, Serbian, Greek, German), but they do not match all the ageing NESB communities predominant in residential facilities in South Australia. This could lead to difficulties when the agreement needs to be signed, and at a later date if a legal dispute occurs between the resident and the proprietor. It must be kept in mind that in this research alone, thirty different ethnicities were identified and 28 different languages. All these people's needs must be catered for.

The following four issues arose directly from the research and interconnect directly with the policy-related issues outlined above. They must be recognised to improve culturally appropriate service provision within residential facilities.

2.4.3 The Use of Language

The important points are listed below.

- NESB residents miss the use of their mother tongue the most.
- This is particularly important because they use their first language more as they age.
- Even if staff believe their English language is "good" it must not be assumed that it is their preferred language to use.
- Important information for NESB residents must be in their first language.
- There are also NESB residents who cannot read or write in English, their first language, or both and so information must be explained to them verbally.

- Lack of communication or the evidence of confusion is sometimes caused by an illness such as dementia. However, it could be that the NESB resident does not understand or speak English well enough to communicate effectively and misdiagnosis may occur.

- The lack of communication or the evidence of confusion could also be caused by the resident feeling intimidated by the Anglo-Saxon environment.

- Even if communication is not easy, NESB residents should be involved in day activities and outings where contact with other people can still maintain satisfaction derived from observation and listening.

2.4.4 Family and Friends

Family and friends of the NESB resident are considered as important sources of culturally appropriate services by staff of residential facilities. Whilst providing these services is the responsibility of the nursing home and hostel, the family and friends can bring in meals, literature and music, plus take the person to the ethnic club and church.

Staff feel they are unable to do this any longer due to the changes in the DHHCS Residential Classification Instrument (RCI - NH4 form) and Care Aggregate Module (CAM) which affects the level of funding to the nursing homes. Consequently, this initiated a change in staffing hours per resident, and staff feel they only have enough hours now to provide the most primary physical and nursing care requirements to the residents. As a result services for meeting needs of social and psychological nature rank lower. Never the less, these services are essential in maintaining the residents' quality of life.

The NESB residents who do have visitors are normally visited weekly. This may not be frequent enough to ensure the maintenance of quality of life experienced prior to moving into the facility.

The ideal is for cultural contact to be daily, as it would have been at home, but it is unrealistic to expect family and friends to completely fill this gap within the nursing home or hostel. Afterall admission to a residential facility usually occurs because family and friends cannot cope with the burden of care any longer.

Other problems related to relying on family and friends to provide services are:

- A number of residents do not have family and friends they can expect assistance from due to:
    - Never marrying in Australia
    - Spouse, children or both are now deceased
    - Never having children
    - Friends are now deceased, which is particularly common for the small NESB communities
    - Children are living elsewhere in or outside Australia

2.4.5 Ethnic Communities and Volunteers

Whilst volunteers from NESB communities are considered a good source for culturally appropriate service provision in nursing homes and hostels, there are major problems. These problems are:

- The number of volunteers in NESB communities is limited.

- As the number of volunteers is limited, they are already overloaded with their present work commitments.

- Their number is decreasing because they too are growing old.

- Young people are not interested in becoming volunteers because of language difficulties and unattractiveness of the field of work.

- Volunteers are not obliged to provide services which are primarily the responsibility of the nursing home and hostel

- Being a volunteer is becoming too expensive, particularly for pensioners, with the increase in petrol prices and goods in general.

- The barrier between residential care and community services through HACC should be demolished to allow easier access by HACC funded aged care workers to nursing homes and hostels, and so decrease the pressure placed on volunteers.

The Department of Health, Housing and Community Services has developed a Community Visitors Scheme which provides reimbursement, training and support to voluntary visitors of residents of nursing homes. The Ethnic Communities Council of SA is one of the implementing organisations of the Scheme, ensuring that NESB residents have equal access to an appropriately matched visitor. The Scheme does decrease social isolation, but the volunteers are not there to provide essential services for the residents which is the basic responsibility of the residential facility.

2.4.6 Staffing Policies of Residential Facilities

The NESB residents indicated that there was a need for bilingual staff in nursing homes and hostels, to improve communication of needs, and to increase human interaction.

The problems with implementing a strategy such as matching bilingual staff with NESB residents are:

- Overseas qualifications of nurses from NESB countries not recognised in Australia.
- Nursing careers are not attractive to members of some ethnic groups due to culturally and historically developed perspectives of the profession.
- Gerontic nursing, particularly in nursing homes and hostels, is not viewed as an attractive speciality area to the nursing profession as a whole.

Actions aimed at improving these attitudes and removing barriers are:

- Sturt Campus, Flinders University of SA, School of Nursing does run a one year bridging course for overseas qualified nurses. Once they complete the course, they can register and work in the field as a registered nurse.
- Create awareness in NESB communities to stimulate interest in a nursing career in the aged care field.

2.4.7 Training

A major way of dealing with the problem in relation to culturally appropriate care of NESB older people is training. Training of nurses and aged care workers in what cultural diversity and care requirements for persons of NESB means is necessary for people outside the residential care field, as it is for staff working in nursing homes and hostels.

A number of organisations can individually or in cooperation with others, plan and run relevant training programs. Some of these organisations are the Training and Resource Centre For Residential Aged Care, the Ethnic Communities Council of SA, the Australian Association of Gerontology and the Royal Nursing Federation, to name a few.

One way of ensuring appropriate training occurs, is to incorporate cultural awareness issues into the curricula of the relevant professional courses. Field placements and day visits are good methods of exposing students to the issues whilst studying relevant topics.

The Ethnic Communities Council of SA is already involved in the training of students in the aged care and nursing fields through providing placements. During this time, the student is exposed to issues related to the care of elderly people from NESB, and the importance of culturally appropriate service provision. A visit to an ethno-specific nursing home is also arranged so they can see first hand what is involved in caring for a NESB older person. Even if the students are not bilingual, but do go on to work in nursing homes and hostels, they at least be more aware of care needs for NESB residents.

Students should also be encouraged to learn a second language as part of their training. Accordingly, wage structures should be made more flexible so that if a second language is used, they are paid more for using additional skills on the job.

2.5 STRATEGIES TO ACHIEVE CULTURALLY APPROPRIATE CARE

As has been shown, the research conducted by the Ethnic Aged Care Project identified the need for culturally appropriate service provision as perceived by NESB older people and staff of residential facilities. Barriers to having these needs met were also identified. Now, strategies for overcoming the barriers and for accessing the culturally appropriate services, need to be identified by this project.

These strategies are described in this section and can be viewed as a series of suggestions which are put forward for implementation in order to achieve the objective of improved quality of care for residents of NESB.

2.5.1 Interorganisational Coordination of Services

The following points should be recognised as important for successful developments in the ethno-specific aged care field.

- The delivery of aged care services involves all levels of Government, non-government organisations, NESB communities and individual carers. Therefore, all should be involved in their planning, development and evaluation.

- Funding is provided to community care services such as HACC, and to residential care services, but differing policies, philosophies and guidelines inhibit cooperation and coordination. Complexity of funding increases the problem.

- The separation of community care and residential care can create significant discontinuity of care to NESB nursing home and hostel residents.

- Nursing homes and hostels themselves have differing procedures of operation related to their individual historical developments, their ownership and established methods of business. This will affect how new strategies are received and implemented by the facility.

- Each agency and person involved in the implementation of the recommended strategies should expect some form of change in their own method of service delivery. This is likely to be met with resistance during the initial stages of implementation. The resistance should be planned for within the agency as part of a natural change process and accounted for in a time frame developed for that purpose.

- The Partnership Model proposed by K Barnett (1989) needs to be remembered and used when planning service provision involving both ethno-specific and mainstream aged care services. There is a need for coordination between all levels of government and types of service delivery, but most importantly:

  "the need is for a balance between generalist and ethno-specific provisions, according to need, and for a blending of each when the benefits of both can be enhanced by cooperative measures." (p39)

  The report stresses the necessity for ethnic community organisations and mainstream service providers to work in "partnership" to achieve the objective of appropriate aged care for NESB persons. The Ethnic Aged Care Project strongly supports this model and will reinforce the concept in the proposed strategies for the accessing of culturally appropriate services by NESB nursing home and hostel residents.

2.5.2 Role of Geriatric Assessment Teams

The Geriatric Assessment Teams (GATs) are the link between the older person and appropriate aged care service organisations, whether community, nursing home or hostel based. The assessment is usually done while the older person resides in his or her home. The aim of the assessment is to:

> "ensure that aged people seeking residential care gain access to the available services appropriate to their needs, and that the only people approved for admission to a nursing home therefore are those who actually need nursing home care. (DHHCS Annual Report 1988-89, p43)"

The basis of assessment on whether nursing home care is needed or not, is the information collected on the Team's assessment forms. The forms do have categories for information on country of birth and language used.

Assessing for culturally relevant care needs is not presently a standard requirement during the assessment process. It must be noted that thus far that assessment has not been considered necessary by the State Coordinating body due to the relatively small number of NESB residents in mainstream residential facilities.

Some GATs located in areas with high proportions of NESB residents do consider culturally relevant care requirements at the time of assessment, for example the team located in the Western region of metropolitan Adelaide, but as is clear from the above is not yet a uniform Statewide practice.

To ensure that culturally relevant care requirements are not overlooked, this part of the assessment must be incorporated in the standard assessment procedures, particularly as the number of NESB older people will continue increase over the coming years. In this way, required information on all aspects of care is available to the resident or their representative on entry to the nursing home or hostel.

The members of the GATs could also consider additional staff development segments to increase cultural awareness of NESB older people.

2.6 METHODS FOR THE PROVISION OF CULTURALLY APPROPRIATE SERVICES

To assist in the development of strategies and improve the provision of culturally appropriate services, an organisation needs to take on the responsibility for these tasks. The organisation will need to assist in, and monitor the implementation of the recommendations which emanated from the research, and then evaluate the success in achieving these.

The proposed methods aims to simplify the provision of culturally appropriate services to NESB residents in mainstream nursing homes and hostels. The key agencies which should be involved are:

- Mainstream nursing homes and hostels
- NESB elderly and their carers
- Ethnic community organisations
- Mainstream and ethno-specific aged care services
- Ethnic Communities Council of SA
- Department of Health, Housing and Community Services

Representatives from these services and organisations should form a steering committee which can meet on a regular basis and work towards the implementation of the proposed strategies and recommendations. Their involvement would also decrease possible resistance to change and increase the representatives' desire to see the goals achieved.

An important feature of tackling the issue in this way will be the opportunity to access existing mainstream and ethno-specific services by nursing homes and hostels. Particularly "concrete" services such as meals prepared by cooking classes in neighbourhood houses or in local government community centres, could be accessed. The steering committee could assist the nursing homes and hostels negotiate the provision of such services, assist with making the arrangements, and monitor its progress.

2.6.1 The Role of the Ethnic Communities Council of SA

The ideal organisation to monitor and implement the methods would be the Ethnic Communities Council of SA due to its established involvement in ethnic aged care, access and equity and experience in liaising with all levels of Government, as the peak body for ethnic community organisations.

Through the Ethnic Aged Care Project, work has already occurred within the Council towards developing strategies to improve the care of NESB residents in nursing homes and hostels.

The first is the Ethno-Specific Accommodation Enquiries Service which assists in the clustering of NESB older people with others of the same ethnicity in nursing homes and hostels. The Service has to date been used by many workers and people involved in the care of NESB older people. However, it can be expanded to:

- Further actively encourage the practice of clustering in nursing homes and hostels by promoting clustering's benefits, for both the facility and the resident.

- Establish consultation processes with workers in the field to monitor the need for culturally appropriate service provision in the residential care field.

- If required, provide training and staff development sessions on culturally related care requirements, for workers in the field.

- Assist nursing homes and hostels directly access culturally appropriate services if required.

The Information Kit, developed by the Ethnic Aged Care Project, will assist nursing homes and hostels with access to resources such as books, videos and music relevant to a particular ethnic community. The Kit can also be used as a training and staff development tool for staff in nursing homes and hostels, public hospitals, Geriatric Assessment Teams and other services dealing with NESB older people.

All in all, the Council, in conjunction with the proposed steering committee, will further develop the Ethno-specific Accommodation Enquiries Service, further monitor gaps in culturally appropriate service availability, further promote the strategy of clustering and its use, develop additional information resources for workers when required, and in this manner work towards improving the access to and quality of care for NESB residents of nursing homes and hostels.

In this process, the Council should evaluate the effectiveness of the proposed strategies and facilitate appropriate changes for improved service development.

With the imminent and increasing demand for culturally appropriate services over the next two decades, a plan such as this one described above should be implemented now.

3.0 RECOMMENDATIONS

The recommendations from the main report are listed below. To some readers, a few of the recommendations may sound familiar from past research papers on the subject (See Biblio. References No. 2, 24), but this only reinforces the need for these recommendations to be implemented once and for all.

The recommendations support three broad principles:-

1. The ongoing development and provision of culturally appropriate services is necessary for older NESB people.
2. The responsibility for providing these services to NESB residents, in the first instance, lies with the nursing home or hostel.
3. The aim is not to develop new services but to build on what already exists.

The first recommendations are directed to the community in general to stimulate further thought and discussion on the subject of ethnic aged care.

The remaining recommendations have been directed to the organisations and services which would be the most effective in achieving the desired result. These are:

- The Department of Health, Housing and Community Services
- Geriatric Assessment Teams
- The mainstream Nursing Homes and Hostels of SA
- The Ethnic Communities Council of SA

3.1 GENERAL RECOMMENDATIONS

3.1.1 That both ethno-specific and mainstream nursing homes and hostels be recognised in their own right as meeting the needs of people from non-English speaking background, by the community.

3.1.2 That assistance should be given to mainstream nursing homes and hostels to provide culturally appropriate services to their NESB residents.

3.1.3 That the community and service providers recognise that NESB older people in mainstream residential facilities do have needs related to their ethnic background, such as usage of their first language, enjoying their preferred food and continuing the activities they enjoyed prior to moving into the facility.

3.2 THE DEPARTMENT OF HEALTH, HOUSING AND COMMUNITY SERVICES

3.2.1 That the DHHCS include culture specific care and communication considerations within the RCI to allow for extra NPC hours and so more time for staff to access culturally appropriate services for NESB nursing home and hostel residents.

3.2.2 That staff of Standards Monitoring Teams use available information on cultural considerations of care for NESB older people when assessing standards of service provision in nursing homes and hostels.

3.2.3 That the Department change clause 9.2 of the Resident and Proprietor Agreement to ensure all NESB residents have equal access to an interpreter, when required, free of charge.

3.2.4 That culturally appropriate services not be included as "extras" in clause 5.2 of the Resident and Proprietor Agreement by nursing home proprietors. A checklist of the official "extras" should be distributed by the Department to the nursing homes.

3.2.5 That legal documents such as the Charter of Residents' Rights and Responsibilities, and the Agreement between resident and nursing home proprietor, be translated into the languages of NESB residents in nursing homes.

3.2.6 That program areas such as Home and Community Care and residential care become more interlinked to promote continuity of care for older people, particularly workers from both programs working together to fill the service gap when NESB people move from residential care back into the community.

3.2.7 That the DHHCS continue the Community Visitor's Scheme and consider its expansion to include residents of hostels.

3.2.8 That the Training and Resource Centre for Residential Aged Care, in conjunction with the Ethnic Communities Council of SA, develop programs aimed at increasing the awareness of nursing home and hostel staff in the cultural care issues of NESB older people.

3.2.9 That the Department allow nursing homes and hostels to give priority to the admission of residents according to ethnicity as well as physical and nursing care needs, to simplify and encourage the clustering process.

3.2.10 That projects such as the Ethnic Aged Care Project continue to be funded by the Department so that work commenced can be continued and expanded to meet the expected demand in providing culturally appropriate care to NESB residents of mainstream nursing homes and hostels.

3.2.11 That initiatives involved in developing culturally appropriate services for NESB older people in nursing homes and hostels be moved from the Special Services Program and become a permanent part of Residential Programs.

3.3 GERIATRIC ASSESSMENT TEAMS

3.3.1 That as a standard practice, Geriatric Assessment Teams include cultural needs when assessing NESB older people. This will entail gathering information in addition to country of birth and language spoken.

3.3.2 That the information in relation to cultural needs be made available to the NESB resident or their representative on admission to the nursing home or hostel. The facility can then develop a complete care plan for the NESB resident including any culture specific care requirements.

3.3.3 That Geriatric Assessment Teams expand on cultural care issues in their training and staff development program to assist them in making thorough assessments and appropriate referrals.

3.3.4 That the referrers use the culturally relevant information to help place the NESB older person in a nursing home or hostel with residents, staff or both of the same ethnicity, if so desired by the client.

3.4 MAINSTREAM NURSING HOMES AND HOSTELS

3.4.1 That the cost of the provision of culturally appropriate services from external agencies such as community centres, neighbourhood houses and ethnic community associations not be charged to the NESB resident by the nursing home or hostel, but be covered by the facilities' budget.

3.4.2 That all information related to the NESB residents' life in the nursing home or hostel be read and verbally explained to the NESB resident, in their first language by the staff or an interpreter, free of charge.

3.4.3 That nursing homes and hostels meet the responsibility to provide culturally appropriate services such as meals, literature and activities, for their NESB residents.

3.4.4 That staff ensure NESB residents with dementia or minimal English skills still are involved in day activities and outings, and enjoy frequent contact with other residents and staff.

3.4.5 That staff develop methods of communicating with residents who have minimal English skills by producing word cards, audio cassettes and videos so that resident needs can be assessed easily and with dignity.

3.4.6 That nursing homes and hostels consider cooking different culture's foods on a regular basis for all the residents to enjoy, and at the same time meeting the NESB residents' needs.

3.4.7 That the nursing home and hostel consider making available their day room, kitchen facilities or both to NESB communities to increase interaction between the residents and the community, and improve access to culturally appropriate services such as meals and activities.

3.4.8 That nursing homes and hostels investigate the possibility of local neighbourhood groups or community centres cooking and delivering culturally appropriate meals for their NESB residents on a regular basis.

3.4.9 That nursing homes and hostels work towards making the NESB residents' environment homelike and culturally relevant on a daily basis, independent of the contact provided by family and friends.

3.4.10 That nursing homes and hostels accept the important role of volunteers as it is, and not place pressure on them to provide services which are the responsibility of the facility.

3.4.11 That nursing homes and hostels include in their staffing policies the requirement to employ bilingual and culturally matched staff for their NESB residents.

3.4.12 That nursing homes and hostels incorporate a component of cultural care issues into their staff training program, developed with the assistance from organisations such as TARCRAC, ECC of SA and the Aged Care Organisations Association.

3.4.13 That nursing homes and hostels reimburse the bilingual staff for the use of their linguistic skills in addition to the required nursing and personal care skills.

3.4.14 That mainstream residential facilities are supported by the Ethnic Communities Council of SA, the Department of Health, Housing and Community Services, Geriatric Assessment Teams and other relevant organisations, to access culturally appropriate services.

3.4.15 That staff ensure they know and are sensitive to the cultural needs of their NESB residents. This includes knowing the language best spoken and understood by the new NESB resident, level of support from family and friends, and preferences for culturally appropriate services, on admission.

3.4.16 That nursing homes and hostels, plus other services such as acute care hospitals, arrange clustering for individual cases on request.

3.4.17 That ethnicity as well as physical and nursing care needs be used to define priority and access to nursing homes and hostels approached to accommodate NESB older persons.

3.5 THE ETHNIC COMMUNITIES COUNCIL OF SA

3.5.1 That the Council consult with HACC in regards to making volunteer reimbursement funding uniform for all NESB communities. The size of the grant should be determined by the proportion of older people in that community.

3.5.2 That the Ethnic Communities Council of SA continue the Community Visitors Scheme project to ensure that NESB residents who have little social contact do have access to an appropriately matched volunteer visitor.

3.5.3 That the Council consult with NESB communities to develop strategies to help recruit younger people to work as volunteers in the aged care field.

3.5.4 That the Council continue to lobby the appropriate Government bodies to achieve the recognition of overseas qualifications of all migrant people, particularly of the professions which would help in the care of NESB older people.

3.5.5 That the Ethnic Communities Council lobbies existing nursing agencies to establish a bilingual nurses registry which can be used by nursing homes and hostels to match staff with NESB residents.

3.5.6 That the Council encourages the Royal Nursing Federation and tertiary studies institutions to develop a promotion strategy aimed at increasing the interest in Gerontic nursing as a career, to members of NESB communities.

3.5.7 That the Ethnic Communities Council of SA continue to take tertiary students (nursing, community work, social work) on placements aimed at increasing the awareness of cultural care issues in the aged care field.

3.5.8 That the Ethnic Communities Council of SA maintain their policy and network on aged care issues to ensure the achievement of the goals of the Ethnic Aged Care Project.

3.5.9 That the Council continue the Ethno-Specific Accommodation Enquiries Service to assist in the clustering and the provision of culturally appropriate services to NESB older people living in mainstream residential facilities.

3.5.10 That the Information Kit for the use by nursing home and hostel staff, containing data on cultural care issues and services, be maintained and regularly updated by the Council.

3.5.11 That the Council apply to the Department of Health, Housing and Community Services for ongoing funding of the Ethnic Aged Care Project, so it can continue the support and assistance required by residential facilities to provide culturally appropriate services for their NESB residents.

3.5.12 That the Council establish a steering committee responsible for the implementation of the above recommendations and their evaluation, the monitoring of ethnic aged residential care service gaps and doing hands-on work in meeting the identified needs.

4.0 PROJECT OBJECTIVES

The six objectives, listed below, are those relevant to the service development component of the Ethnic Aged Care Project. Objective 1 is directly accomplished through this research, whilst the remaining five are achieved through the work generated by it.

1. To identify specifically the needs of NESB elderly in mainstream residential facilities by consulting with the ethnic communities, aged care service providers, the NESB elderly, their families, friends and carers.

2. To develop strategies to meet the identified needs of the NESB elderly in mainstream residential facilities with the assistance from service providers, ethnic communities, government departments and aged care services.

3. To test the strategies in a limited number of mainstream residential facilities to evaluate their appropriateness in meeting NESB resident's needs.

4. To increase consultation and information exchange between ethnic communities, mainstream residential facilities and relevant government departments.

5. To develop information packages to assist ethnic communities and mainstream residential facilities to develop culturally appropriate services for the NESB residents.

6. To encourage clustering of NESB elderly into the same mainstream or ethno-specific residential facility to reduce social and cultural isolation.

5.0 METHODOLOGY

To specifically identify the needs of NESB older people in mainstream residential facilities, and to gather views from the remaining groups listed in Objective 1, a questionnaire survey was planned.

Three sample populations were targeted and separate questionnaires were designed for each. The three groups were:

- the NESB residents of nursing homes and hostels
- the nursing home and hostel staff, and
- NESB older people still residing in the community.

A copy of each questionnaire is in Appendix 1.

5.1 THE QUESTIONS

The NESB residents of nursing homes and hostels were asked what activities and visitors they enjoyed whilst living in the community, and what they missed the most now that they lived in a mainstream residential facility.

The NESB community members were asked very similar questions, but directed more at what they would like provided if they every needed to move into a nursing home or hostel.

The questionnaires for the above two groups were structured to help break down any barriers related to talking to a stranger. The first few questions asked about the person's life in Australia, how they settled here, where they worked and the reasons for leaving their country of birth.

This structure worked well as some older people like to talk about their past lives and migration experiences and some of the stories were fascinating.

The nursing home and hostel questionnaire was mainly aimed at asking the staff whether they believed NESB residents required culturally relevant services, and whether they provided any for their present NESB residents.

It was also important to find out whether the staff perceived barriers restricting them in providing services to the NESB residents when needed.

Finally, staff were asked to identify topics they would like in an Information Kit, thought of by the Department of Health, Housing and Community Services as a required resource. The Kit aims to assist staff in providing culturally appropriate care to the NESB residents.

5.2 SAMPLING

Five NESB communities were chosen for the survey because of their proportionally large older age group. These are the Estonian, Latvian, Lithuanian, Ukrainian and Hungarian communities.

Other NESB groups were selected because of their size. The Poles, Italians and Greeks are the three largest NESB communities in South Australia. The Dutch and Germans also have significantly sized communities.

The Indo-Chinese communities (which include the Vietnamese and Cambodians) were included due to their rapidly increasing size and the number of older people coming over to Australia under the Family Reunion Scheme. It is important to identify their needs, as their cultural mores and traditions are likely to differ from the European based cultures. The NESB communities targeted by the research are listed in Table 1, Appendix 2.

Once the communities were selected, managers of 100 residential facilities were contacted to find out whether they had any NESB residents. If so, then that community became part of the sample population. After the telephone sampling, 127 NESB residents were identified, representing 12 NESB communities. No Czech or Indo-Chinese were found to be residents in the 100 nursing homes and hostels contacted. The aim was to interview the residents for this study.

Nineteen residents were excluded from this sample as staff believed they were too demented for effective communication and understanding of questions. Another four were dropped as permission to interview was not given by the staff on the grounds of privacy.

The final sample came to 104 NESB residents; 98 in nursing homes and 29 in hostels.

5.3 NURSING HOME & HOSTEL STAFF SURVEY

The nursing home and hostel staff survey used a mail questionnaire methodology. Two questionnaires were sent to each Commonwealth subsidised nursing home and hostel in metropolitan Adelaide. One was to be filled in by the Director of Nursing or Manager of the facility, the other by another staff member involved in personal or nursing care.

In total 380 questionnaires to 140 nursing homes and hostels (just over one third of the total State number of facilities) were distributed. Returned were 118 questionnaires, 31 percent of the total mailout. Of these 75 nursing homes and hostels had NESB residents and so only their responses were relevant. This response rate represents 20 percent, or one fifth of the 380 questionnaires distributed. The use of a prompt letter did not make a difference.

5.4 COMMUNITY MEMBER SURVEY

The community survey involved visiting pensioner and seniors groups of the relevant NESB community. In three cases, the group was interviewed as a whole, with the facilitator acting as interpreter. Otherwise, participants were voluntarily interviewed on an individual basis. The total sample came to 46 people.

5.5 ADMINISTERING THE QUESTIONNAIRES

Following are points which need to be mentioned in relation to difficulties encountered whilst conducting the research. Future researchers need to take note so that thev can overcome these problems when doing their own research. The problems are associated directly with focusing on people from non-English speaking background and of an older age group.

Approximately two thirds of the NESB resident sample did not speak English well enough to be interviewed in English. To overcome the language barrier, bilingual voluntary interviewers were recruited to interview them in their first language. The process did lengthen the research phase of the project, as the volunteers had to do the interviews over and above their busy schedules. Their contribution was invaluable.

Some of the tables in the results section have a high non-response rate or "don't know" category, as a number of the older respondents could not remember their answer, or became confused by the question and so their response was not appropriate.

A few of the questions were considered as encroaching on personal or private issues (e.g. For what reasons did you come to Australia?) and so were not answered by some respondents.

Seven of the NESB respondents had communication difficulties, most of them not being able to talk at all. The main reason was impairment through physical illness such as multiple strokes or dementia. Because of these difficulties, they cannot read or write now, but could before the illness. However, the results in the table related to reading and writing abilities show them as having "no language". The results should be interpreted as the people not being able to read or write at the time of the interview only. This group of people should be specially noted, as their inability to communicate could impede their accessing of desired culturally appropriate services.

Due to the age group of the NESB sample population, death, illness and progressed communication difficulties reduced the sample size to fifty-five people by the end of the interview phase. As this is a small sample size, the results of the community and nursing home and hostel resident surveys were combined for analyses. The sameness of most of the questions made this process straightforward, and helped boost the significance of the results.

6.0 RESULTS

The majority of tables containing the results are in Appendix 2. Additional comments made by the respondents are also in Appendix 2 as qualitative data. Some of the comments are incorporated in the text of the report, but having all the comments appendixed allows reference to the context and popularity of the expressed thoughts. Bar graphs of the most interesting results are inserted in the text for easy reference, but the associated table is also in the Appendix.

6.1 RESIDENT AND COMMUNITY MEMBER SURVEY RESULTS

The data gathered through the survey are important for the provision of culturally appropriate services for NESB residents of mainstream nursing homes and hostels. The sample size is small but is indicative of the views of all older NESB people of our community.

The sample consists of NESB nursing home and hostel residents and NESB community members, who are possible future users of aged care services in Adelaide.

6.1.1 The Respondents

A section of the questionnaires asked for general information about the respondents, such as year of birth, so that the gender and age distribution of the sample could be established.

The ages of the respondents span four decades with the largest number of 56 (55 percent) being born between 1900 and 1919. Thirty of this group were nursing home residents. The next largest group of 21 respondents were community residents born between 1920 and 1939 (Table 2).

The gender distribution of the sample was relatively equal with 43 male and 48 female respondents. The equal distribution is also evident for community and nursing home and hostel respondents, meaning half of each gender group were either community or nursing home and hostel residents (Table 3).

The ancestry, or country of birth, of the respondents was spread across thirteen countries, or nationality groups, as shown in Table 4. Initially fourteen communities were targetted, but the absence of some groups, in residential facilities (for example the Czechs) excluded them from the sample.

The largest NESB groups in the sample were the Italians, Greeks, and Dutch, being 14, 14 and 11 percent of the sample population. The smallest groups were the Lithuanians and Poles at 4 percent of each of the total sample.

In relation to length of residency for the nursing home and hostel resident which according to Table 6 is 55 people, an equal proportion of 27 percent (n=14) had been in the facility for either 1 to 2 years, or 2 to 5 years. The next largest group of 12 respondents had been residents for 6 months to a year. Only a small proportion of 4 people had been in the nursing home or hostel for more than five years (Table 5).

Finally, the sample population consists of 46 community member respondents and, as mentioned above, 56 nursing home and hostel residents. The figures are in Table 6.

6.1.2 Reasons For Migration

The respondents had various reasons for migrating to Australia. The main reason given was World War 2, by 43, or 40 percent of the respondents (Table 7). Other reasons were to find work (11 percent), or to reunite with their family (9 percent). Most of the latter group were participants of the Family Reunion Scheme and from the Indo-Chinese communities.

Twenty-six of the nursing home and hostel residents identified what year they migrated to Australia. Table 8 shows that 11, or 42 percent, of them came here in the 1950s. Six migrated during the 1940s and five came in the 1920s. Only one person moved to Australia during the 1930s, possibly reflecting the effects of the Depression and its inhibiting migration due to economic constraints.

6.1.3 Post Migration Experiences

Once in Australia, the majority of the respondents (n=66; 63 percent) found employment of some kind (Table 9). Of those who worked, 17 were labourers, mainly brick layer's labourers in the building industry. The next largest occupation groups were tradespeople (n=10) and cleaners (n=9). The smallest number of respondents were employed as public servants or as clerical staff (n=1), (Table 10).

In regards to settling in Australia, 26 found the experience "good" and 20 felt that they settled "easily" in the new environment. The single largest group of 32 respondents though, did find the experience difficult. Two reasons given for this response were: language problems (n=13) and feelings of isolation and loneliness (n=2), (Table 11).

6.1.4 Language

In relation to language, 53 or half of the respondents still use their first language only, whilst 33 use their first language and English. A number of respondents stated that they learnt English by reading comic books, newspapers or magazines without the assistance of formal tutoring. Only 5 respondents spoke English only, for one, illness being the reason why. A hostel resident stated that the ability to speak the first language was lost due to a stroke two years previously. Ten respondents could speak more than 2 languages reflecting the multilingual abilities of a large proportion of European migrants (Table 12).

To establish literacy skills in reading and writing, the respondents were asked what their competency was in their first language and English. The majority of community residents (n=10) could read and write in their first language only, closely followed by 8 who could do so in both English and their first language. Similar results were found with the nursing home and hostel respondents (Table 13).

Only small numbers were not literate. Three of the community residents could not read or write in their first language, as for 13 of the nursing home and hostel residents. Five of the nursing home and hostel residents could not read or write in English only (Table 13a).

6.2 NEED FOR CULTURALLY APPROPRIATE SERVICES

6.2.1 Activities Enjoyed Whilst Living at Home.

The project management committee believed that a comparison of level of activity between living in the community and being a nursing home or hostel resident was important. This was done by asking the residents of nursing homes and hostels, what they did to fill in their time at home, and who visited them, prior to moving into the facility.

Table 14 shows that 17 of the nursing home and hostel residents had visits from friends whilst living at home as did 9 of the community residents. Friends were the most common visitor as the total response of 27 is the largest. The next most common visitor was family members as indicated by 25 respondents.

Other people who visited nursing home residents whilst still living at home were: their own countrymen (n=7) and neighbours (n=3).

Apart from visits by family and friends, the respondents participated in a number of other activities. Figure 1 below shows that the most popular activity was going to their NESB community's club (n=34) and a close second was attending church (n=32).

The least commonly stated activities were cooking, choir practice and outings, with each only being mentioned by two respondents. Table 15 in Appendix 2 shows the breakdown of activities between nursing home and hostel, and community residents in more detail.

These results indicate that all respondents participated in some sort of activity and in most cases more than one, shown by the large total number of responses (n=191).

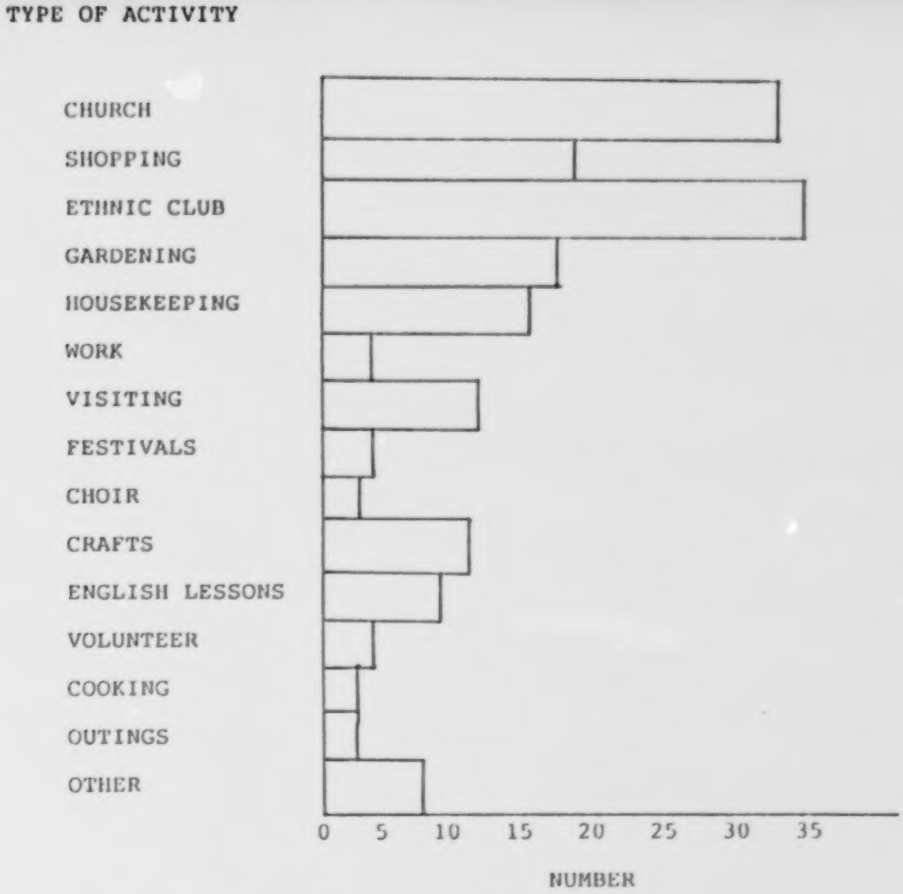

Figure 1 - Activities Enjoyed by NESB Residents Prior To Nursing Home or Hostel Residency, and Present Community Members.

6.2.2 Activities Missed Once Resident of a Nursing Home or Hostel.

The change of level of activity which may occur between moving from home to a nursing home or hostel, was important to identify.

The residents were asked what activities they now missed the most, and the results are shown in Figure 2. Distinctly, the most commonly missed activity is the use of their first language, as indicated by 23 resident respondents.

The next largest response (n=16) was the loss of their independence, but this result can be attributed to all people who move into a residential facility, not only to NESB residents.

However, the next two responses given by 15 residents are directly related to their ethnicity: missing home cooking (which in most cases meant meals common to their country of birth), and visits to their NESB community's club for social interaction.

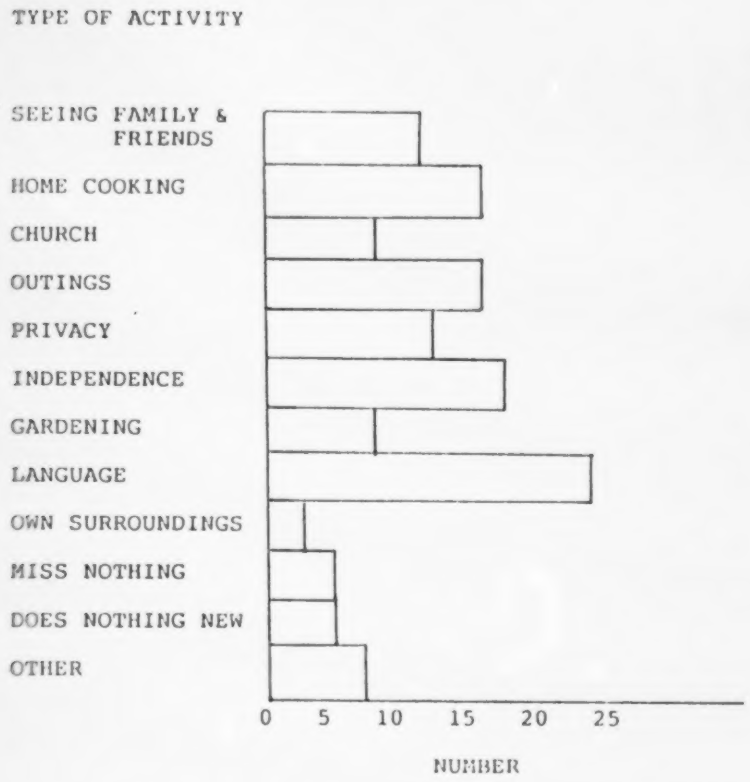

Figure 2: Activities Missed the Most by NESB Nursing Home and Hostel Residents.

Figure 1 shows that visiting the club is the most popular activity for a number of respondents, before becoming a resident of a nursing home or hostel. Figure 2 then shows that using their first language becomes the most missed activity once they are residents. Using their mother tongue was probably taken for granted and so not considered important, until they move into an environment where it can not be used naturally.

Older NESB people normally use their mother tongue to converse with their spouse, children, family and friends. Once in a residential facility, the opportunities decrease, particularly if it is an English speaking environment. Hence, communication becomes a distinctly missed activity.

6.2.3 The Perceived Need for Culturally Appropriate Services in a Nursing Home and Hostel.

The results in Figure 2 show what activities are missed the most by NESB nursing home and hostel residents. The residents were next asked what services they would like provided for them by the nursing home or hostel to make them feel more at home.

The largest response, as shown in Figure 3, is the need for bilingual staff, mentioned by 25 respondents. This would enable them to use their first language, the activity missed the most.

The next three services were suggested by 16 respondents and are:

- provision of culturally appropriate meals
- having more residents of the same NESB
- information translated into their first language.

The latter two relate to their need for communication and the first to another significantly missed activity mentioned earlier, home cooking.

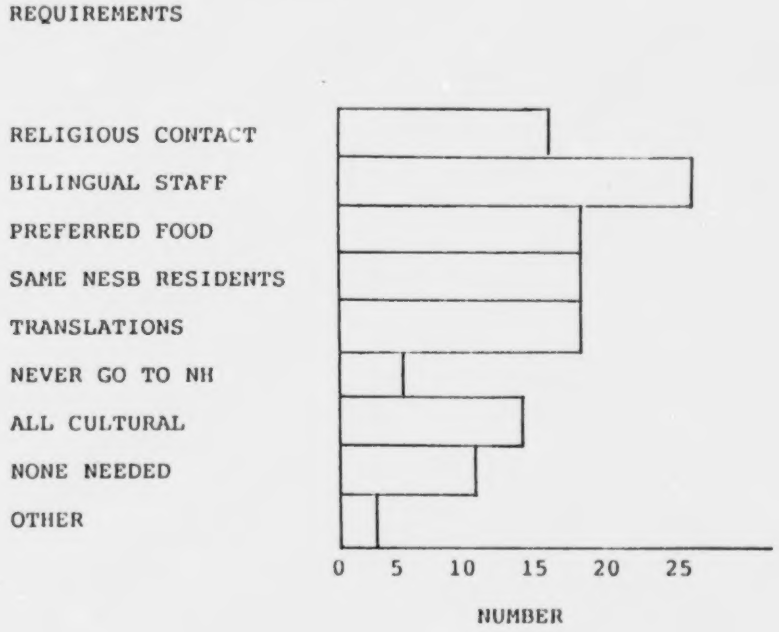

Figure 3 - Requirements to Make NESB Residents Happy in a Nursing Home or Hostel as Perceived by NESB Residents of Nursing Homes and Hostels Only.

Only 10 respondents believed no culturally appropriate services were required to make their residency a happy one.

The total sample population group was then asked in more broad terms what they believed nursing homes and hostels should consider when caring for an overseas born person. The main response given by 26 people was language. Again this reflects the importance of being able to speak in their first language and so communicate once in a residential facility.

The next most important consideration mentioned by 22 respondents, was maintaining church contact, which was the second most enjoyed activity indicated by the sample in Figure 1 above.

The importance of having access to their own culture's food was again stated by 11 respondents. Eight of these were nursing home residents.

Only fifteen of the 101 respondents believed no special considerations were required by the residential facilities for NESB residents. Surprisingly, only three people this time mentioned the need for bilingual staff. The responses are illustrated below in Figure 4, and in more detail in Table 18, Appendix 2.

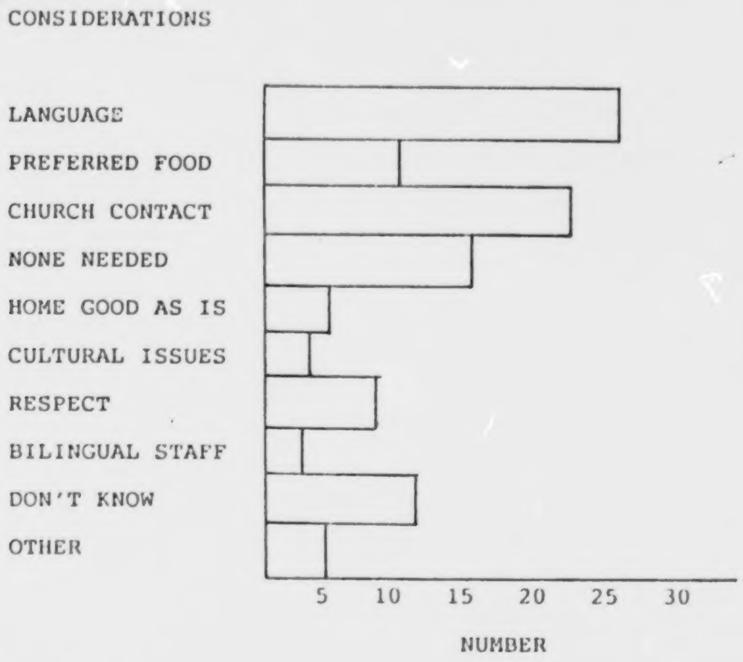

Figure 4 - Considerations For Care in Nursing Homes and Hostels (Nursing Home, Hostel and Community Member Responses).

6.2.4 Perceived Barriers to Having Their Own Needs Met

The nursing home and hostel residents only were asked to identify what they perceived the barriers were to meeting their culturally related needs within the facilities.

The main perceived barrier by 16 of the respondents was their own deteriorating health which was found most inhibiting for going on outings. Some of the respondents, the interviewers observed, were either bed or chair bound due to stroke paralyses or dementia illness. The majority (n=10) of these respondents were nursing home residents.

The next perceived barrier by 7 nursing home residents was language, and hence indicating an inability to communicate their needs to staff.

6.3 STATED REASONS FOR RESIDENTIAL CARE

The nursing home and hostel residents were next asked what their reasons were for moving in to a residential facility.

TABLE 20 - REASONS FOR MOVING INTO THE FACILITY
(Multiple Responses)

REASON	NH	H	NO.
Deteriorating health	29	12	41
Family or friends discontinued care	16	1	17
Medical Crisis	12	-	12
Family problems	1	1	2
Needing company	1	2	3
Other	3	-	3
TOTAL	62	16	78

Forty-one of the respondents stated that their own deteriorating health instigated their move into a residential facility. For twelve of them, this meant a medical crisis whereby their admission was arranged straight from hospital. The hospitalisation was often due to experiencing a severe stroke or illness.

Another main reason was that their family or friends could no longer maintain a level of care or support at home which was compounded by the increasing frailty or illness. Seventeen respondents gave this as the reason.

Five of the nursing home residents stated that they could have stayed home longer if day care was provided or available. This result is in Table 21. The reasons why this was not arranged were not stated. Another 2 nursing home residents said assistance in bathing would have helped them at home.

Table 22 strongly indicates that 47 of the nursing home and hostel respondents believed no community supports were required prior to moving into the facility. The information was not gathered at the time on why they were not required. In retrospect it would have been valuable to know whether this result was due to lack of knowledge of service availability, a "pride" factor whereby such use of services would have been perceived as charity, or a cultural expectation of family rather than external support in aged care.

The community residents were asked whether they at present were having difficulty managing at home or were using community services as support. Tables 23 and 24 show that the 5 respondents who were having difficulty at home, were using community services. The 28 who were not having difficulty were not using community services. This indicates that the people in the sample were accessing services when required. Two of these 28 respondents did

47

say they were having some mobility problems, but were accommodating this by simply doing things at a slower pace.

6.4 ARRANGEMENT OF PLACEMENT FOR NURSING HOME AND HOSTEL RESIDENTS

The involvement of the resident in choosing their nursing home and hostel is considered very important. The sample of NESB residents were questioned on their involvement in the decision making process and selection of their new home, to identify the level of autonomy these people had in the situation.

Table 25 shows that 34, or the majority of nursing home and hostel residents did not arrange their placement. Instead, 22 had their family and 19 had their doctor do the arranging for them (Table 26). However, one third, or 19 of the respondents, did say they were consulted in regards to where they should be placed (Table 27).

The reasons for choosing their particular facility were numerous. The main one given by 11 respondents was that the home was close to where their family and friends lived. This would no doubt simplify visiting the resident and add familiarity to the residents' broader surroundings. The latter reason contributes to possibly why 9 residents chose the facility due to it being close to where they lived before. This would maintain their feelings to belonging to their community, and sense of neighbourhood.

6.4.1 NESB Community Members' Opinions of Nursing Homes and Hostels.

The community member respondents were asked separately on what they thought of nursing homes and hostels. Almost half of the respondents (n=19) stated that they would enter a facility only if they were very ill and needed 24 hour care (Table 29). Only 4 said they would not go to one no matter what, and 11 respondents simply did not have an opinion. Interestingly, the majority of the latter group were from the Indo-Chinese communities.

6.4.2 Concept of Clustering

Finally, all the respondents were asked what they thought of clustering, or the concept of grouping people from the same NESB in one residential facility.

Table 30 shows that 48 of the respondents believed clustering would be preferred, whilst 34 believed it would not be. Eleven of the respondents were not sure whether clustering would be preferred or not, and all of these were present community residents. Five of the nursing home respondents said they were already clustered with people from the same NESB in their facility.

6.5 NURSING HOME AND HOSTEL STAFF SURVEY RESULTS

In addition to interviewing the NESB nursing home and hostel residents and community members, it is also important to identify what staff of residential facilities believe are, if any, the cultural and linguistic needs of their NESB residents. Their opinion can affect the ease of service provision in the facility. If the staff believe there is no need, then the degree of difficulty in encouraging culturally appropriate service provision increases. It is evident that the previous survey group do believe these services are required, particularly in relation to use of language and communication, meals, and regular contact with their community members.

As the number of NESB residents in nursing homes and hostels increase with the ageing of the post World War 2 migrant communities, the issue of culturally appropriate service provision also gaining importance. Of the survey group of 75 nursing homes and hostels, 18 had only 1 NESB resident which could indicate cultural isolation due to being the only NESB person in an English speaking environment. Another twenty-two had 2 to 3 NESB residents (Table 31).

It is to these people in particular that the provision of culturally appropriate services becomes vital to reduce isolation and loneliness, and to increase the feelings of being in a homelike environment.

6.5.1 Culturally Appropriate Services Presently Provided by Nursing Homes and Hostels

To assess the extent to which nursing homes and hostels with NESB residents presently provide culturally appropriate services, the staff were asked to identify those which were already provided in their facility.

The three most mentioned services were:

- visits by a religious representative (n=60)
- a general practitioner of the same ethnicity (n=57)
- bilingual staff (n=54).

The least provided service was visits to the ethnic club (n=19). Table 32, Appendix 2, shows what other services were provided by the facilities, and it must be remembered that more than one service was provided by one facility. The factor of whether the nursing home or hostel did not provide culturally appropriate services even though they had a NESB resident, was not differentiated.

However, the staff were asked whether they thought NESB residents did require culturally appropriate services. Overwhelmingly, 80 percent (n=60) indicated that they did believe these services were required. Twenty percent believed they were not necessary, and 4 percent (n=3) were unsure (Table 33).

Those who believed culturally appropriate services were required were then asked why they though so. More than one reason was requested.

The two main reasons given were:

- to maintain culture and lifestyle (n=32)
- for communication in regards to needs and health problems (n=20).

The two least important reasons were:

- to reduce anxiety due to the move into a facility (n=4)
- to accommodate dementia related changes (n=2).

Table 34 shows the remaining reasons provided.

6.5.2 Barriers to Providing Culturally Appropriate Services.

To assist in effective service planning, the staff were asked to identify whether there were barriers evident to culturally appropriate service provision. Forty-five, or 61 percent of the respondents said that there were barriers to getting the services provided within the nursing home or hostel. Twenty-eight believed that there were not (Table 35).

The main barriers identified were:

- not enough staff hours (n=35)
- residents too frail or ill to appreciate the services (n=33)
- family and friends provide them (n=29)
- residents "Australianised" and hence do not require them (n=27).

Ten of the respondents said that they were not aware of any cultural needs (Table 36).

The results do not clarify:

- whether the family providing the services inhibits the nursing home or hostel from doing so, and

- whether the factor of the NESB resident being "Australianised" is an assumption of the staff or whether the resident said this,

- why staff in some facilities are not aware of any cultural needs. Is it due to communication difficulties or lack of time to find out?

The results in Table 37 seem to contradict some of the above issues. The staff were asked to provide suggestions on how the above barriers could be overcome. Sixteen suggested that the cultural services could be provided by community volunteers, probably to supplement the shortage of staff hours identified as a barrier by 35 respondents. Thirteen respondents thought that culturally appropriate meals and support should be provided by family and friends, and not by the facility.

Only 5 suggested an increase in staffing hours which does not support the above result of a staff hours shortage identified by 35 respondents. Another three requested special grants to assist them financially in the provision of culturally appropriate services.

The above results indicate that the staff respondents of the nursing home or hostel expect the cultural services to come from outside the facility via community volunteers or family and friends. As one staff person said:

> "I feel ethnic social groups and services could make it their business to ensure that ethnic residents are being catered for if only on an emotional level. How about many more ethnic volunteers to visit homes or hostels and to provide and arrange transport to social groups, outings and functions on a regular basis. We have a library service which comes monthly, how about ethnic services arranging the same?"

Even though not enough staff hours (n=35) and insufficient funds (n=24) were prominent barriers identified by staff, only a minority indicated that an increase in the two would help the situation. The reason for this discrepancy cannot be identified through the results but possibilities why it appears will be raised in the Discussion.

6.6 INDICATORS OF POSSIBLE SOCIAL ISOLATION

Quite a significant number of staff respondents said that some sort of cultural service was being provided to their NESB residents (refer to Table 32). However, cultural and social isolation can still occur through not having regular opportunity to converse in their own language, listen to their country's music or read in their own language. These opportunities are often provided by visits from family and friends, and in the residents' ability to read and write in their first language and English.

Firstly, the staff indicated that the majority of their NESB residents were long-term, that is, they had been living there longer than one year. Sixty-six nursing homes and hostels had long term residents (Table 38). The length of residency can indicate the possible degree of isolation the NESB resident may be experiencing. If a NESB person has been a resident of a mainstream nursing home for five years and has poor English skills, their feelings of isolation could be greater than for someone who has been a resident for only 6 months and who still has contacts with the outside community.

The frequency and type of visitors is important to roughly assess the quality and quantity of visits. The staff respondents' results show that the residents mainly get family member visits on a weekly basis. Table 39 shows that fifty nursing homes and hostels had 188 of their NESB residents visited weekly. Twenty-four nursing homes and hostels had their residents also visited weekly by friends, the second largest response. The third and fourth frequencies were:

- friends visiting rarely (n=11 facilities)
- family visits monthly (n=10 facilities)

Other types of visitors which included service providers, religious representatives and community volunteers were not frequent and widespread visitors. Only one nursing home or hostel had one "other" visitor visit one NESB resident on a daily basis. No more than three facilities reported having "other" people visit the residents.

These results indicate that NESB residents are more likely to be visited on a weekly basis by family or friends. A correlation could not be made to identify how many of these people also received visits on a daily or monthly basis, that is, visited daily by family and then weekly by friends. However, it is evident that people other than family or friends were not frequent visitors.

The question here is whether the frequency is sufficient to overcome social or cultural isolation. Prior to moving into a residential facility, the resident may have had daily contact with people of their ethnicity. Weekly visits may not be enough to fulfil the needs of the person, particularly if the majority of daily contact is with English speaking people.

The staff respondents from most of the 75 participating nursing homes and hostels believed a large number of the NESB residents could speak and understand English. However, there is still a significant number of respondents who indicated that the NESB residents could not speak English, or were unsure whether they could or not (Table 40). It is the latter two groups where culturally appropriate contact, particularly in relation to communication, becomes an important issue. The inability to communicate means basic needs such as human interaction and conversation cannot be achieved. These people are candidates for social and cultural isolation, and may already be victims of it.

6.7 CLUSTERING OF NESB RESIDENTS IN MAINSTREAM NURSING HOMES AND HOSTELS

Table 41 shows the diversity which exists between NESB residents in relation to country of birth and language spoken. Between the 75 responding facilities, there were 323 NESB residents. These people represented 30 different countries of birth and 28 different languages. The table also indicates that two people born in the same country may use a different first language, a point to be remembered when clustering. However, many European born people are multilingual.

To assist in simplifying the provision of culturally appropriate services the nursing home or hostel staff were asked whether they would support the concept of clustering i.e. grouping people from the same NESB into the one facility.

Almost all of the respondents indicated that they would support clustering. Only one said no, and three were unsure (Table 42).

Eighteen of the respondents stated that admissions into nursing homes and hostels were dependent on need, bed availability and assessment, not ethnicity. Hence, a NESB person would not get in just on the grounds of ethnicity when a vacancy occurred. Some nursing homes and hostels though do give priority to specific ethnic communities. Fourteen staff stated that their nursing home or hostel already practiced clustering (Table 43).

The main reason for clustering as seen by the staff were to provide possibilities for communication between residents (n=12) and greater companionship (n=11) within the facility.

Some stated that dementia decreased interaction with other people, and so clustering would provide little benefit to these people (n=4) and so was not considered important.

Overall, the staff respondents were supportive of clustering of NESB people in nursing homes and hostels, but appropriate means of achieving this still needs to be investigated.

6.8 THE INFORMATION KIT

The question resulting in Table 44 below, was aimed at more practical requirements of having a NESB resident in a residential facility. Twenty suggested topics for an information kit were listed, based on a report produced by the Western Australian council of the Ageing called the Ethnicare Resource Kit (1989). The staff were asked to tick the ones they thought were the most important.

All the topics were important as over fifty percent of the responding staff thought all were needed in a kit. The most crucial subjects seemed to be the first eight which included culture specific death and burial rites, special traditions and celebrations, and the role of the family in caring for the aged.

The project needed these requirements identified, as one of the objectives is to produce an information kit targeted at the care of NESB residents in nursing homes and hostels. It seems the need for knowledge is great for the staff participating in this research.

TABLE 44 - INFORMATION REQUIRED IN THE KIT

RANK	CONTENTS	NO.	%
1	Culture specific death & burial rites	73	97
2	Special traditions and celebrations	73	97
3	Role of family in caring for the aged	72	96
4	Contacts from relevant communities	71	95
5	Culture specific attitudes to pain	71	95
6	Culture specific religious practices	70	93
7	Culture specific response to resi care	69	92
8	Cult. spec. attitudes to sickness...	68	91
9	Culture specific attitude to treatment	66	88
10	Resource contacts e.g. books, videos	65	87
11	Translation & interpreter services	65	87
12	Food and diet information	64	85
13	Translated health information	62	83
14	List of GPs & other bilingual workers	60	80
15	National language	59	79
16	Government aged care services	53	71
17	Govt funded ethno-specific services	53	71
18	Translated legal documents	50	67
19	Places of worship	50	67
20	Grants available for service delivery	46	61
21	Miscellaneous	6	8

7.0 DISCUSSION

The main point that comes through loud and clear from the survey results is that residents, community members and nursing home and hostel staff do believe that culturally appropriate services are required in residential facilities.

Two issues seem particularly important to the NESB residents - being able to use their first language for communication, and availability of meals based on food eaten in their home countries.

Several important issues from the research have come to light and will each be touched on in this discussion. The issues are:

- The use of first language and English proficiency
- The extent of support from family and friends
- Ethnic community volunteers and their role.

These issues will be put into context by explaining the Resident's Rights, Standards of Care and the responsibility of nursing homes and hostels to maintain these.

But first, it was disturbing to discover through the research that there still seems to be a lack of understanding of the cultural care needs that NESB elderly people may have, over and above those from an Anglo-Celtic background.

A staff person believed that:

> "NESB residents have been in Australia for a long time, and many of the social and emotional needs become similar to other elderly people which are personal time, attention, company, regular contact with family."

Another staff respondent said:

> "Many of those residents have been in Australia a long time. They speak the language, are used to the food and customs."

One NESB community member reflected this attitude by saying:

> "If person doesn't learn English, or forgets it, that's their problem. Why should we get special services? They're too sick to know or care, particularly if they can't talk anymore."

It is these types of comments which are often applied across the board to all people who migrated a long time ago (40 years or longer) to Australia.

There is a trend to treat "special needs" groups as one homogeneous cohort where problems and needs are the same for every individual in that group. For example, people with a disability are referred to as disabled without much thought being given to the variations in disability, which can be from slight to severe.

The same applies to people from non-English speaking backgrounds. People assume that because migrants have resided in Australia for a relatively long period of time that they are "Australianised", or should be assimilated. Usually this is not the case. They have a varied degree of need as does any group.

Some NESB older people do not need culturally appropriate services, some only a little, some a lot. Those without family and friends for example, would require extra attention.

These people have a greater probability of becoming isolated within a nursing home and hostel, particularly if their English is nonexistent or insufficient to describe feelings or communicate needs. They lack the advocate to relay requirements to nursing staff, and so the staff are ignorant of cultural care needs. On the other end of the scale, a NESB resident may have good English, plus supportive family and friends, but still prefers culturally appropriate meals and other services in their first language.

One must not assume that what stands for one person, stands for all the rest. Each person is an individual, and this fact needs to be remembered in aged care service delivery.

The above assumptions and uniform attitudes will hopefully be dispelled in the discussion, supported by the results of this research, and research done by others in the field of culturally appropriate care.

7.1 THE PROVISION OF CULTURALLY APPROPRIATE SERVICES

One question which is constantly asked by a cross-section of people is whether ethno-specific nursing homes and hostels are required.

Ethno-specific facilities are geared to meeting the needs of their specific NESB populations through the provision of appropriate bilingual staff, meals and activities. However, there are limitations to these services as well. Varoe and Westbrook (1989) point out one of them.

> "The wide geographic dispersion of most ethnic groups means people moving into an ethno-specific residence usually have to leave the area in which their families, friends, familiar shops, churches and their doctors are situated. Distance frequently precludes visits." (p4)

In Adelaide, ethno-specific services are attempting to be located in the region where a particular NESB community is focused. However, many NESB residents choose the facility because it is in the neighbourhood they had lived in before and want to stay in the area. Most times, it is a mainstream nursing home or hostel which is selected.

Alternatively, some placements are arranged urgently due to a rapid deterioration in health of the older person, and so are placed in any nursing home where a vacancy exists for immediate 24 hour nursing care. The resident can arrange a transfer to an ethno-specific nursing home, but how soon this occurs again relies on a vacancy. Consequently, the NESB resident could find themselves in a mainstream residential facility for some months.

Once placed in a nursing home or hostel, it is possible for a single NESB resident in a large facility to become culturally isolated by his or her cultural needs being overlooked. If English is not a first language of the resident, then the communication of needs is restricted. Another contributing factor is that some staff of Anglo-Saxon background, could simply be unaware that culturally appropriate care needs exist.

Rowlands (1991) points out other obstacles in providing culturally appropriate services in a mainstream facility as:

- lack of resources
- cultural diversity
- spatial dispersal of ethnic groups
- continuing turnover and change of clientele.

The provision of culturally appropriate services requires resources such as information, books, videos, menus, contact numbers of NESB volunteers and bilingual staff. To obtain all of these requires money, and time. A facility which has five different NESB residents could find the task quite daunting, particularly if the focus point of each NESB community is scattered throughout the city. The need to find out whom to contact to obtain the books and videos, which may be located some distance from the nursing home or hostel, can make accessing services difficult.

After a period of time, the culturally appropriate service provision becomes streamlined, but the resident population changes. Now the facility has five new NES backgrounds and cultures to cater for.

Due to these complexities in caring for a NESB older person, one staff member said:

> "Although people from a NESB are welcome in our nursing home, I feel they may be happier in a nursing home especially for people of their culture, so that they may have interaction with a greater number of people."

Another response indicated reluctance to accept people from NESB into a facility possibly due to their own feelings of inadequacy in being able to provide culturally appropriate care:

> "An aged NESB resident in an English speaking hostel could pose some interaction difficulties due to a language barrier. As an organisation we could provide all the necessary services but would this prevent cultural isolation?"

The Commonwealth Government's Access and Equity Strategy (OMA, 1988) stresses that all people should have equal access to services regardless of their background and language. The English speaking residents do not in principle, need to rely on their family and friends to provide their meals, literature, listening music, and conversation. The NESB resident should not need to either.

It is evident that each service meets an important need, whether ethno-specific or mainstream. However, the mainstream facility does require extra assistance to provide culturally sensitive care and services. The strategies of clustering and the Information Kit, are two methods available to help them to do so.

7.2 RESIDENTS' RIGHTS AND STANDARDS OF CARE

The assistance to mainstream nursing homes and hostels is important so that they can maintain the residents' rights and standards of care as defined by the DHHCS (reproduced in Appendix 3).

The resident's rights arose from a report written by Chris Ronalds called "I'm Still and Individual" (1989) which analysed the freedom and quality of life of older people living in nursing homes and hostels. The report also instigated the Aged Care Reform Strategy through which the DHHCS implemented the recommendations put forward by Mr Ronalds. The recommendations were aimed at streamlining and standardising the provision of residential aged care in nursing homes and hostels across Australia.

The second stage of the reform was the introduction of outcome Standards of Care for nursing home residents in 1987. The Standards of Care are the broad guidelines for nursing home staff to follow in the care of a resident. For example, Standard No. 4 (sub-paragraph) particularly specifies:

> "In relation to religious and cultural customs the nursing home must consider, and take all reasonable steps to meet, the individual needs and preferences of each resident.
>
> Attention must be given to communication with residents from a non-English speaking background in order to identify and meet their needs."

This Standard reinforces the eighth resident's right which is:

> "To continue their cultural and religious practices and to retain the language of their choice without discrimination."

Due to the changes in funding of nursing homes (i.e. the CAM and RCI), some staff respondents did state that they do not have enough time now to maintain all the standards, particularly those which focus on social and cultural needs rather than physical care. Their tasks need to be prioritised, and so the "less important" factors to a person's survival, such as culturally relevant meals and conversation in their mother tongue, are pushed further down the list.

The RCI is the Resident Classification Instrument (NH4 form) which contains questions about the resident's ability to perform functions and major care needs. Accordingly, the resident is classified into one of five categories. Category 1 residents require the highest level of nursing and personal care (NPC) services, whilst those in Category 5 require the lowest level.

The CAM (Care Aggregated Module) is one of the four components of the DHHCS nursing home fee scheme, and is based on the RCI. The highest level of service category is allocated 3.86 NPC hours per day with a rate of $15.74 an hour. Category 5 is allocated 1.81 hours per day with an hourly rate of $16.06.

When the CAM was first introduced, there were six categories, but DHHCS later decreased them to five which resulted in a drop in the number of NPC hours, and so funding from DHHCS.

The staff feel that now there is only adequate time to provide the most basic of physical and nursing care. The social and cultural needs become of lower priority, particularly as they are not directly related to the older person's survival.

As one facility staff member said:

> "The RCI instrument does not take into consideration the 'special needs' of the (NESB) individuals and the time required to provide these services; unless we reflect their requirements and behaviours as nursing management problems. In turn, with limited nursing and personal care hours as a result of this RCI instrument poor or inadequate provision of these services creates resident dissatisfaction and behavioural problems."

To assist in the care of NESB residents, the DHHCS should review the CAM and RCI instruments to incorporate culture specific service considerations as part of the NPC hours. It does take extra time to communicate with a person whose first language is not English, and an interpreter may need to be arranged to be there when required services are discussed. Then locating and arranging the provision of the services would need to be done. Obviously this does take more time over and above the allocated nursing and personal care hours.

Including the care needs of NESB residents would enable them to be classified at a higher rate, meaning the nursing home would receive more funds, empowering it to purchase extra staff time. Hence, accepting NESB residents would become a more attractive proposition, even encouraging nursing homes and hostels to cluster a particular group.

REC 3.2.1 That the DHHCS include culture specific care and communication considerations within the RCI to allow for extra NPC hours and so more time for staff to access culturally appropriate services for NESB nursing home and hostel residents.

7.2.1 Standards Monitoring

On a regular basis, the nursing homes and hostels are monitored and reviewed to ensure that the Standards, and so the rights of the resident, are being met. The DHHCS has established multi-disciplinary Standards Monitoring Teams who assess whether the nursing home is meeting the Standards of Care.

The Team visits the residential facility to question staff and residents plus to observe the operation and functioning of the nursing home. The level to which the Standards are met is assessed by the Team, which writes a report containing the results and recommendations for improvement. The report is then given to the nursing home for action.

In 1990, the DHHCS commissioned a team of researchers from the Australian National University, Canberra, to evaluate the effectiveness of Standards of Care monitoring, the clarity of the standards themselves, and their effect on nursing home administration across Australia.

The resulting report raised some interesting points in relation to standard maintenance, one of which included the standard of meeting religious and cultural needs. The evaluation identified this standard as being one that was most often noted by the Monitoring Team as being maintained. Considering the comments made by nursing home staff that they are of least priority, these two viewpoints seem incompatible.

The report states that the discrepancy could be occurring because the Team members themselves do not understand what the religious and cultural needs are, and so record a "met" score, even though it is only partly being done. The Team are not sure what to look for during assessment, and communication problems during the resident interview could lead to inaccurate information being given. It has been observed that NESB residents say that they are being treated well so as not to insult their carers, but when not under pressure, often reveal that they do have unmet needs.

The Standards Monitoring Team Evaluation report recommends that:

> "To improve the capacity of teams to assess provision for residents with different cultural customs, what kind of training is needed to organise communication with residents from other cultures?" (p50)

For the Teams themselves to be more effective, some form of additional cultural training needs to be encouraged, particularly in communication and understanding the way NESB older people respond to certain questions.

REC 3.2.2 That staff of Standards Monitoring Teams use available information on cultural considerations of care for NESB older people when assessing standards of service provision in nursing homes and hostels.

7.2.2 The Charter of Resident's Rights and Responsibilities and the Agreement between Resident and Nursing Home Proprietor.

The Charter and Agreement was introduced by DHHCS in 1991 to further strengthen the rights of residents and the obligation of nursing homes to uphold them. This step is part of the eight stage Aged Care Reform Strategy mentioned earlier. The Agreement is a contract between the nursing home resident and proprietor, and the document is legally binding.

There are two clauses in the Agreement which has the potential to inhibit NESB residents in maintaining the quality of life they had prior to moving into the facility.

Clause 9.2 states:

> "The resident has the right to receive assistance from interpreters on a confidential basis at any time at the resident's own cost." (DHHCS, 1990, p6)

Interpreter services can be expensive ($25 per hour), and this cost could be inhibitive to the NESB resident whose 87.5% of the pension is spent on nursing home care fees. However, the Telephone Interpreter Service (TIS), funded by the Commonwealth, provides a free service for telephone interpretation, but the nursing home staff are required to book the call, not the resident. Hence the staff have the responsibility to recognise the need for communication and then act appropriately.

However, if the resident arranges their own interpreter outside of the TIS, then the cost is the responsibility of the resident.

REC 3.2.3 That the Department change clause 9.2 of the Resident and Proprietor Agreement to ensure all NESB residents have equal access to an interpreter, when required, free of charge.

Clause 5.2 states:

> "For the supply of extra services, facilities and goods not provided by the nursing home as part of nursing home care, the proprietor will only charge the actual purchase price incurred by the proprietor in providing such services, facilities and goods, plus any actual delivery costs charged by an external supplier, and will not charge any additional charge, mark up profit....." (DHHCS 1990 p4)

The concern related to this clause is the possibility of nursing home proprietors perceiving culturally appropriate services as "extra" due to them not being required for direct medical or personal care and so charging a fee for their provision. This would certainly decrease NESB residents' access to required services.

REC 3.2.4 That culturally appropriate services not be included as "extras" in clause 5.2 of the Resident and Proprietor Agreement by nursing home proprietors. A checklist of the official "extras" should be distributed by the Department to the nursing homes.

REC 3.4.1 That the cost of the provision of culturally appropriate services from external agencies such as community centres, neighbourhood houses and ethnic community associations not be charged to the NESB residents by the nursing home or hostel, but be covered by the facilities' budget.

Finally, the Agreement is a very formal contractual document which needs to be signed by the nursing home resident, or their representative, and the nursing home proprietor. Hence the document should be fully read and understood prior to signing. To accommodate residents from NES background, the Agreement should be translated in the appropriate language. The DHHCS has translated it into eleven languages which are:

> Italian, Greek, Polish, German, Russian, Hungarian, Serbian, Croatian, Chinese, Dutch, Maltese.

Unfortunately these languages do not include all of the NESB groups which are becoming predominant in nursing homes in South Australia. Other translations are required in the languages of: Latvian, Lithuanian, Estonian and Ukrainian.

If additional translations cannot be provided, then at least the nursing home staff should ensure that the Agreement is explained to them in their first language through an interpreter, if the NESB resident's English is not adequate. Keep in mind that in this research alone, thirty different ethnicities were identified and twenty-eight different languages. All these people's needs should be catered for.

REC 3.2.5 That legal documents such as the Charter of Residents' Rights and Responsibilities, and the Agreement between resident and nursing home proprietor, be translated into the languages of NESB residents in nursing homes.

REC 3.4.2 That all information related to the NESB residents' life in the nursing home or hostel be read and verbally explained to the NESB resident, in their first language by the staff or an interpreter, free of charge.

Overall, the above indicates that it is the NESB resident's right to maintain their religious and cultural customs once in a nursing home and hostel, which includes use of first language and access to culturally appropriate meals and services. Most importantly, it is the nursing home's and hostel's responsibility to ensure that the residents' rights are maintained.

REC 3.4.3 That the nursing homes and hostels meet the responsibility to provide culturally appropriate services such as meals, literature and activities, for their NESB residents.

7.2.3 The Information Kit and Cultural Diversity

The positive response from the staff in regards to having an Information Kit to assist in providing culturally appropriate care to their NESB residents, indicated the great need for such a resource.

The Department of Health, Housing and Community Services had suggested the development of the Kit, and the survey substantiated the need for one. It will contain culture specific information on attitudes towards, for example, residential care, caring for the aged, and religious practices, plus information on diet, resource availability, and a number of other topics. Information on eighteen communities, including Aboriginal, is in the Kit. The idea is that when a nursing home or hostel gets a resident from on of these communities, the staff can simply turn to the relevant section, read up on issues related to that culture, and so develop a thorough social history and care management plan for the resident.

Even NESB residents believe such an Information Kit is necessary to increase the awareness of their culture and diversity, and so lead to greater respect from their carers.

Each country has its own traditions, religious practices, language and dialects, and different political relationships between ethnic groups. These all need to be considered when organising the provision of culturally appropriate services, particularly if there is more than one cluster within a facility. However, having one or two clusters does help in accessing services and improving the cost-effectiveness of their provision.

The Information Kit will be produced and distributed by the Ethnic Communities Council of SA.

The following four issues arose directly from the research and interconnect with the policy-related issues outlined above. They must be acknowledged to help improve the development and provision of culturally sensitive and appropriate care to NESB residents living in nursing homes and hostels.

7.3 THE USE OF LANGUAGE

Once NESB older people move into a nursing home or hostel, the activity they come to miss the most is the use of their mother tongue. There are a number of factors which contribute to this need.

The most commonly recognized one is that they use their first language more as they age. Rowland (1991) points out that this is mainly due to the social pressure to speak English becoming less. Due to retirement from work and children moving out of home, the necessity to interact with the outside world decreases, and with this the need to speak English.

Another factor is that a number of migrant women did not learn English due to staying home and caring for the children whilst the husband went to work. The husband also often paid the bills and dealt with the business matters related to their lives. As women on average have a longer life span than men, these NESB women become socially isolated once their husband dies.

Members of large NESB communities such as the Greek, Italian and Polish, can go about their daily lives without needing to speak English. They have businesses, shops, newspapers, radio and television programmes which cater specifically for them. Rowland (1991) states that 49 percent of Southern European NESB people over the age of 75 were not proficient in English, compared to 16 percent of Northern and Eastern European born older people. The self-sufficiency of the large Southern European communities could be the reason for them not being as proficient in English. Other reasons noted by Rowland (1991) are: a rural background of the NESB person, poor or interrupted education, lack of self-determination for women, and migration to Australia occurring late in life.

The poor or interrupted education of the NESB older people is an important point to remember when planning services. Either due to World War 2 or family migration, many did not complete their primary or secondary education. Consequently, a small proportion of NESB older people cannot read or write in their first language or English. This small group needs to be thought of when translating information because even this initiative would be of no use to them. Their language proficiency would need to be identified and then the most appropriate method of relaying information used.

Many people also assume that if NESB people speak English, then there is no further concern about language use and communication. A common comment made is:"Oh, they speak English. They don't need ethno-specific services."

It is true that many NESB people can speak good English but, their first preference is to speak their mother tongue because simply they feel more comfortable using it and have a larger vocabulary. The amount of information gained by speaking to them in their first language can markedly differ to what is obtained speaking English.

Major misunderstandings can also occur between staff and the resident if their language proficiency and preference is not identified. The Phillip Institute of Technology research conducted in Melbourne in 1985 identified that social isolation and misdiagnosis of dementia can become significant issues.

> "Because the nurse does not understand the language spoken by the patient, she is unable to determine whether the patient is talking sensibly or not, and to what extent the patient is suffering from dementia." (p23)

The PIT study reported cases of NESB residents being left in their rooms all day because staff assumed that because they do not speak English, interaction with other residents would be pointless. Hence, they were not taken to the Day Room.

However, even if the NESB resident is dementing, or simply cannot speak English, they still should be involved in day activities and outings where other people contact can still maintain satisfaction derived from observation and listening.

REC 3.4.4 That staff ensure NESB residents with dementia or minimal English skills still are involved in day activities and outings, and enjoy frequent contact with other residents and staff.

To overcome the language barrier, information can be passed on to a NESB resident in a number of ways. There are interpreters and translators, audio cassettes and videos. For every day communication, cards with words in English and their language can be made up and carried by the resident and staff. This would help in relaying immediate needs such as "toilet", "shower", "food" and "drink". Simple initiatives can make great headway in culturally appropriate aged care.

REC 3.4.5 That staff develop methods of communicating with residents who have minimal English skills by producing word cards, audio cassettes and videos so that residents' needs can be assessed easily and with dignity.

7.4 FAMILY AND FRIENDS

Family and friends of the NESB resident are considered as important sources of culturally relevant services by staff of residential facilities. Whilst providing these services is the responsibility of the nursing home and hostel, the family and friends can bring in meals, literature and music, plus take the person to the ethnic club and church. However, some staff have indicated that they believe the responsibility to provide these services solely lies with the family and friends.

Staff feel they are unable to do this any longer due to the changes in the DHHCS Residential Classification Instrument (RCI - NH4 form) and Care Aggregate Module (CAM) which affects the level of funding to the nursing homes.

Another identified barrier particularly affecting the provision of culturally appropriate meals, was the considered inefficiency of making one meal for one NESB resident in a fifty bed nursing home. The staff however, would be prepared to heat up meals brought in by family and friends.

To simplify the provision of culturally appropriate meals, the nursing home or hostel could consider cooking different culture's meals on a regular weekly basis for all the residents. This would increase variety of foods plus understanding of each other's cultures.

REC 3.4.6 That nursing homes and hostels consider cooking different culture's foods on a regular basis for all the residents to enjoy, and at the same time meeting the NESB residents' needs.

There are a number of resources available to the nursing home or hostel to help in this area. An Ethnic Food Kit has been developed by the Newcastle Migrant Health Unit which provides simple recipes from seven cultures, and which are suitable for older people living in nursing homes and hostels.

The NESB communities themselves can be invited in to use the kitchen and prepare a meal for the residents or, the nursing home or hostel could find local neighbourhood groups or community centres who may be happy to cook and delivery meals for NESB residents on a regular basis.

REC 3.4.7 That the nursing homes and hostels consider making available their day room, kitchen facilities or both to NESB communities to increase interaction between the residents and the community, and improve access to culturally appropriate services such as meals and activities.

REC 3.4.8 That nursing homes and hostels investigate the possibility of local neighbourhood groups or community centres cooking and delivering culturally appropriate meals for their NESB residents on a regular basis.

Friends of the NESB resident are also considered a good source of culturally relevant care. However, only a quarter of the nursing home and hostel staff reported daily visits from friends. Normally, residents are visited weekly. As some residents commented:

> "Only one person comes to speak to me once a week. Family is very busy. Can't expect them to take me to church."

> "Not the same as home. Family and friends get busy and have no time. People here are busy as well."

Weekly visits may not be frequent enough to ensure the maintenance of the quality of life experienced by the resident before moving into the facility. Prior to moving in, access to items, activities and people of their culture was daily. Now the access is confined to maybe two hours every six to seven days. In a mainstream facility this may lead to increased social isolation. As one resident commented:

> "I do nothing. I get dressed and am put in the day room. There I think without being able to converse."

The PIT study highlighted the same issue. It was observed that visits from family and friends were the best parts of the NESB residents' day, week or month, as it allowed for interaction and communication. The report stated:

> "As soon as the relatives leave the place the patients seem to revert to the customary state of withdrawal. Their alertness seems to turn back to their expressionless state. This illustrates yet again how the lack of communication may lead to isolation and loneliness." (p16)

Contact with people from the same cultural and linguistic background should ideally be daily. However, family and friends ought not be expected to provide this contact. The nursing home or hostel should aim to fulfil this need and make the NESB residents' environment more homelike and culturally relevant on a daily basis.

REC 3.4.9 That nursing homes and hostels work towards making the NESB residents' environment homelike and culturally relevant on a daily basis, independant of the contact provided by family and friends.

According to the Access and Equity Strategy (OMA, 1990) all people should have equal access to services regardless of their background and language. Consequently, the NESB residents should naturally access services relevant to them just as the English speaking background residents do. These residents do not need to rely on their family and friends to provide meals, reading material and so on, and the NESB residents should not need to either.

Final points to remember when caring for a NESB older person is that a number of them do not have family and friends to help them because:

- They never married in Australia
- Their spouse, children or both are now dead
- They never had children
- Their friends are now dead, which is particularly common within the small NESB communities
- Their children are living elsewhere in Australia or the World.

7.5 ETHNIC COMMUNITIES AND VOLUNTEERS

Another considered source of assistance in providing culturally relevant services for NESB residents is the ethnic community volunteers who work in the aged care area. However, there are problems which could hinder the continued provision of services by the volunteers. The main problem is that their numbers are limited and may even be decreasing due to several factors.

Firstly, the present volunteers are already stretched to the limit with their workload. Particularly for the small communities, there may only be one volunteer to cater for all the elderly of that community. Many volunteers are already operating at the same level as full time workers.

Secondly, the volunteers are now themselves growing old and the communities are finding it difficult to recruit younger replacements. The main cause for this is that the motivation to be a volunteer does vary between generations. The present volunteers are motivated by feelings of respect, duty, obligation and caring. Plus, they went through the War and the same migration experiences, and so have a greater empathy towards their clients.

The younger people, mostly born in Australia, may not relate as closely to these experiences and may feel alienated from the older people. The feelings of alienation may be compounded by not being very adept at using the mother tongue for communication.

Also, people volunteer today for different reasons. It may be for work experience, to maintain skills between jobs, or to fill in time whilst unemployed. In addition to all this, young people are often "turned off" at the thought of visiting old people in nursing homes and hostels because of their ill health, frailty and the environment of the facility.

Being a volunteer is also becoming expensive, regardless of age. The increasing cost of petrol places a constraint on the number of visits possible and the distance travelled to visit their clients.

Many volunteers are reimbursed for the use of their car for visiting purposes, but some NESB communities cannot afford to reimburse their volunteers. A number of communities are fortunate enough to receive small grants from Home and Community Care (HACC) for volunteers, but the guidelines of the scheme only recognize visits to older people still living at home. Visits to older people living in nursing homes and hostels cannot be reimbursed using the HACC funds.

The HACC funding is also patchy due to all communities not receiving a grant. Presently, the decision to fund a community does not depend on the proportion of elderly who need support within the community. A small community may consist of eighty percent of people over 70 years of age, whilst a large community may have 3 000 in this age group which may only be 5 percent of the total population. Normally it is the large community which receives the grant.

REC 3.5.1 That the Council consult with HACC in regards to making volunteer reimbursement funding uniform for all NESB communities. The size of the grant should be determined by the proportion of older people in that community.

To encourage volunteers to visit older people in nursing homes and hostels the barrier between residential care and HACC service provision should be demolished. This would also increase access to HACC funded aged care workers to nursing homes and hostels, and so decrease the pressure placed on volunteers to provide essential services.

REC 3.2.6 That program areas such as Home and Community Care and residential care become more interlinked to promote continuity of care for older people, particularly workers from both programs working together to fill the service gap when NESB people move from residential care back into the community.

The DHHCS has developed a much needed Community Visitors Scheme which provides reimbursement, training and support to voluntary visitors of residents in nursing homes. The Ethnic Communities Council of SA is one of the implementing organisations of the Scheme, ensuring that NESB residents have equal access to an appropriately matched visitor.

REC 3.2.7 That the DHHCS continue the Community Visitor's Scheme and consider its expansion to include residents of hostels.

REC 3.5.2 That the Ethnic Communities Council of SA continue the Community Visitor's Scheme project to ensure that NESB residents who have little social contact to have access to an appropriately matched volunteer visitor.

However, these visitors are not expected to provide essential services such as meals, and they are only to visit once a week or fortnight. Also, the Scheme presently only covers nursing homes and not hostels.

Even if all volunteers could be reimbursed to cover travel expenses, the increased pressure on their services and the lack of new recruits would make it difficult to meet the needs of NESB residents. Many of the needs are ones which should be dealt with on a daily basis, such as meals and communication. Volunteers normally visit once a week or fortnight, and so would only be able to provide as much contact as family and friends.

The main point which should be kept in mind by the staff of nursing homes and hostels, is that volunteers are not obliged to provide essential services such as culturally appropriate meals. The responsibility first lies with the facility to make the arrangements. As unpaid workers, they can refuse requests made by staff to do something for the resident, such as meal provision, getting literature or taking them to the Doctor's. The volunteers should not be viewed as the answer to the provision of services.

Staff see volunteers as being an important part in ensuring that NESB residents maintain their well being. As one person said:

> "I feel ethnic social groups and services could make it their business to ensure that ethnic residents are being catered for if only on an emotional level. How about many more volunteers to visit nursing homes and hostels and to provide and arrange transport to social groups, outings and functions on a regular basis."

And another stated:

> "It is very difficult at times to assist a resident of ethnic background to assimilate with others due to cultural differences. I feel if volunteers came in and related to these residents, especially residents with no family or support link, these residents would have a better quality of life and self-worth."

Volunteers do fill an important gap in a resident's life, particularly if they do not have family and friends who can visit them regularly. However, they are not there to provide services which the nursing home or hostel are responsible for. Their role is limited, as is their valuable time, and their numbers.

REC 3.4.10 That nursing homes and hostels accept the important role of volunteers as it is, and not place pressure on them to provide services which are the responsibility of the facility.

As the number of NESB residents in nursing homes and hostels is going to increase over the coming years, new strategies to recruit younger volunteers need to be developed. The demand for their involvement will grow in this area of aged care and so volunteer support systems and funding for reimbursement of their travel expenses need to be established now.

REC 3.5.3 That the Council consult with NESB communities to develop strategies to help recruit younger people to work as volunteers in the aged care field.

7.6 STAFFING POLICIES OF RESIDENTIAL FACILITIES

To ensure that NESB residents receive culturally appropriate care on a daily basis, the nursing homes and hostels should consider altering their staffing policies to include employment of bilingual staff that match their NESB residents. This is a must as NESB residents indicated a necessity to improve the communication of needs and their interaction with other people.

REC 3.4.11 That nursing homes and hostels include in their staffing policies the requirement to employ bilingual and culturally matched staff for their NESB residents.

Understandably, some nursing homes and hostels did not see the need for employing staff who were bilingual or from the same cultural background, as at the time they did not have any NESB residents.

However, there are nursing homes and hostels who do employ the same ethnicity staff, but there are a number of barriers which make this strategy difficult to implement.

The first problem is the diversity of NESB residents which are presently in nursing homes and hostels. One facility may have up to seven different NESB residents speaking seven different languages. It would be difficult to employ seven nurses or carers who match the resident's backgrounds.

The solution to this problem is clustering. If mainstream nursing homes and hostels begin to cluster one or two cultural groups in their facility, then employing the staff to match the clusters would be simplified. If clustering was not practiced, then staff would need to change every time the mixture of the NESB residents did.

The existing ethno-specific nursing homes in Adelaide do employ culturally matched staff, but sometimes find it difficult to find them. Therefore, if mainstream nursing homes and hostels begin to cluster and recruit such staff, they will be faced with initial difficulties particularly with small NESB communities. Proportionately they will have a smaller pool of appropriately trained professionals to recruit from.

Another barrier to implementing this strategy is the nonrecognition of overseas qualifications by the Australian Government. Therefore, nurses and other workers need to go through retraining and examinations before commencing work in their profession. Some do not chose to do this because it is demeaning to restudy something they already know, it is a long process, and their level of English may not be accepted as adequate for work in their field.

This barrier could be removed by encouraging the Government to relax the regulations associated with the recognition of overseas qualifications. The Ethnic Communities Council of SA has worked towards this by putting in a submission to a review in this area initiated by the South Australian Health Commission and Department of Labour in 1990.

REC 3.5.4 That the Council continue to lobby the appropriate Government bodies to achieve the recognition of overseas qualifications of all migrant people, particularly of the professions which would help in the care of NESB older people.

However, the School of Nursing at the Flinders University of South Australia is already working on this problem on a more practical level. A special one year, full-time course has been developed for overseas qualified nurses which aims to teach the nurses the issues and practices relevant to South Australia. On completion, the student is eligible to register with the Nurses Board of this State and recommence work in that profession. Previous to this course, overseas qualified nurses had to redo the three year degree before being able to work in this area.

To assist in matching nurses with residents, a bilingual nurses registry could be established as an annexe to an existing agency. When a person of a NESB moves into the facility, the agency can be contacted for the appropriate staff.

REC 3.5.5 That the Ethnic Communities Council lobbies existing nursing agencies to establish a bilingual nurses registry which can be used by nursing homes and hostels to match staff with NESB residents.

In some cultures, nursing careers are not attractive due to cultural and historically developed negative perspectives of the profession. Nursing is a low status job mainly because bed pans need to be emptied and people need to be washed. The job of a domestic, where floors only need to be washed, is more acceptable. Adding to this problem, the population in general view nursing in the aged care field as an unattractive career choice.

Cultural aversion to a nursing career can be overcome through promotion within the NESB communities to encourage people to enter the nursing profession in the aged care field. The Australian born children of migrants do find the nursing career acceptable, but the parents often still discourage them from entering the profession. Promoting the nursing profession as it is today would help encourage increased enrolments from NESB communities.

REC 3.5.6 That the Council encourages the Royal Nursing Federation and tertiary studies institutions to develop a promotion strategy aimed at increasing the interest in Gerontic nursing as a career to members of NESB communities.

7.6.1 Training

The main way of dealing with the problems in relation to appropriate ethno-specific care of NESB older people, is training. Training of nurses and aged care workers in cultural diversity and requirements is not only necessary for people outside the residential care field, but vital to staff already working in nursing homes and hostels. The training would also take the pressure off NESB communities to provide the appropriate, culturally sensitive, professional staff.

A number of organisations can individually or in cooperation with others, plan and run relevant training programs, or modules to be inserted into existing programs. Some of these organisations are:

The Training and Resource Centre for Residential Aged Care (TARCRAC)
Royal Nursing Federation
Aged Care Organisation's Association
Australian Association of Gerontology
Ethnic Communities Council of SA

REC 3.4.12 That nursing homes and hostels incorporate a component of cultural care issues into their staff training program, developed with the assistance from organisations such as TARCRAC, ECC of SA and the Aged Care Organisations Association.

REC 3.2.8 That the Training and Resource Centre for Residential Aged Care, in conjunction with the Ethnic Communities Council of SA, develop programs aimed at increasing the awareness of nursing home and hostel staff in the cultural care issues of NESB older people.

The Ethnic Communities Council of SA is already involved in taking nursing or aged care students on one day or longer placements at the Council. During this time, the student is exposed to issues related to the care of elderly people from NESB, and the importance of providing culturally appropriate services. A visit to an ethno-specific nursing home is also often arranged so they can see first hand what is involved in providing culturally relevant care for NESB older people. The aim of the placements is to increase the awareness of the needs and so produce more culturally sensitive workers in the future.

REC 3.5.7 That the Ethnic Communities Council of SA continue to take tertiary students (nursing, community work, social work) on placements aimed at increasing the awareness of cultural care issues in the aged care field.

Students should also be encouraged to learn a second language as part of their training. Accordingly, wage structures should be made more flexible so that if a second language is used, they are paid more for using additional skills on the job. Present staff of ethno-specific nursing homes are encouraged to learn the language of their residents so that basic communication can at least occur.

REC 3.4.13 That nursing homes and hostels reimburse the bilingual staff for the use of their linguistic skills in addition to the required nursing and personal care skills.

7.7 SUMMARY

The issues raised in the Discussion are complex and require considerable thought to how the culturally appropriate service requirements can be provided by mainstream nursing homes and hostels. Nursing homes and hostels are responsible for maintaining the standards of care and respecting the resident's rights. As much assistance as possible should be offered to them to achieve this goal.

REC 3.4.14 That mainstream residential facilities are supported by the Ethnic Communities Council of SA, the Department of Health, Housing and Community Services, Geriatric Assessment Teams and other relevant organisations, to access culturally appropriate services.

The most important issues to NESB older people is the use of their first language, followed by culturally appropriate meals and continued contact with their religious and NESB communities. The nursing homes and hostels recognise these needs, but indicate that their provision should be the responsibility of their family, friends or community volunteers.

Nursing homes claim that changes in the RCI and CAM funding structure has resulted in a reduction of staffing hours. The consequence is that only enough time is available for primary nursing and personal care duties.

Suggestions to how culturally appropriate services can be provided were put forward in the Discussion, such as the use of the Information Kit, clustering and changes to staff training and recruitment strategies.

The next section will examine ways in which these strategies can be implemented. The concept of clustering will be discussed in more detail and how its success could require changes to assessment procedures and government policies.

If the individual needs can be identified prior to admission, then cultural and social isolation is less likely. The most important goal is to break down the barriers that exist in this area of service provision and make these services easily available to all those that require them.

7.8 REFERENCES

1. Rowlands D T (1990): "Care of the Ethnic Aged" Mid Term Review of Aged Care Reform Strategy 1990-91, Discussion Paper No. 3, DHHCS, Canberra, p8.
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6. Braithwaite J (et al) (1990): The Contribution of the Standards Monitoring Process to the Quality of Nursing Home Life, DHHCS, Australian National University, Canberra, p50.
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8.0 CULTURALLY APPROPRIATE SERVICE DELIVERY STRATEGIES

One of the major objectives of the research was to identify barriers to the use of culturally appropriate services. To meet this objective, evidence was gathered to show what NESB residents and nursing home staff saw as barriers.

Barriers exist at various levels. Firstly, the level of the individual staff person or resident. Secondly, the organisational/system level, and thirdly, the service level.

At the individual level, NESB residents focused on their own deteriorating health and lack of communication as the main factors preventing them from taking part in culturally important activities as much as they did before.

Nursing home and hostel staff identified four barriers which are:

1. Not enough staff hours to provide culturally appropriate services.
2. Residents too ill to appreciate services.
3. Family and friends provide them.
4. Residents are "Australianised" and so do not require the culturally appropriate services.

Each of these "barriers" requires some comment. Firstly, while providing culturally appropriate services to a diverse group of residents from NESB backgrounds is more resource intensive, there are practical ways to avoid making this too much of a burden. "Clustering" residents from similar backgrounds which is discussed later is one obvious solution.

The second "barrier" - residents too ill to appreciate services - is echoed in the comments from the residents themselves. On the face of it, it is rather paradoxical. One would expect that in times of stress and difficulty, cultural sensitivity would become more important, particularly in relation to the intimate and personal services offered in supported accommodation.

The third and fourth "barriers" raise the question, "What is the responsibility of nursing homes and hostels to their NESB residents?" The answer should be that, firstly, it is the responsibility of these services to meet the needs of all their residents. Secondly, given that these services address intimate and individual needs, it is necessary for them to be provided in a way that respects the resident's own concerns and understanding of their own predicament. If this is done, then family and friends can take on their appropriate role which can only be to supplement the fundamentals already being provided by the facility. Their supplementary roles such as bringing in food or literature should not be perceived as a barrier to the provision of basic culturally appropriate services.

The fourth barrier of being "Australianised" seemed to reflect assumptions and judgements made by the staff. Even though the resident may have been in Australia forty years or more, there are usually some needs that require cultural sensitivity. For instance, the resident may still enjoy an occasional meal prepared in the style of their homeland or a monthly visit to their ethnic club.

The important principle is this:- each resident should be treated as an individual. If they themselves say, "I am Australianised and don't associate with my culture any longer", then that information is valid, but conclusions on their need for culturally appropriate services should not be made solely on the number of years in Australia.

There are certain, basic strategies that services and government can use to ensure each NESB older person's individual needs are met. The strategies are :-

- The provision of ethnic meals.
- Having more residents of the same ethnic background in the one facility (clustering) and
- Information translated into residents' first language.
- Employing bilingual staff to improve communication.

Eighty percent of the staff also believed additional services were required on top of their present access to religious representatives, general practitioners and staff of the same ethnicity. However, the staff say that the shortage of staff hours inhibits them from accessing any other services not directly connected to their immediate nursing and personal care needs.

How then are culturally appropriate services to be provided in mainstream nursing homes and hostels in a coordinated and effective manner? Who is to be responsible for assessing the individual needs of the NESB resident? Can the barriers be overcome?

8.1 INTERORGANISATIONAL COORDINATION FOR CULTURALLY APPROPRIATE SERVICE DELIVERY

Residential aged care services are part of a very complex system. Features of this system, particularly the relation between residential services and community services, make the delivery of culturally appropriate services more difficult than it needs be.

The first step in understanding how culturally appropriate services for NESB older people's fit in, is to identify the components of the system. Figure 1 shows the numerous agencies involved right from policy and planning level through to the residents. The major features are:-

1. The major funding and policy development decisions relating to supported accommodation are made on a national level by the Federal Minister for Aged, Family and Health Services. These decisions are implemented through the Commonwealth Department of Health, Housing and Community Services (DHHCS).

2. Major funding and policy development decisions relating to community services are made jointly by the Federal Minister and the relevant ministers from the states and territories. These decisions are implemented through the relevant state government department in conjunction with the state office of Department of Health, Housing and Community Services (DHHCS).

In the area of supported accommodation, policy development is the responsibility of the central office of DHHCS. The responsibilities of this area includes: regulations, standards, funding guidelines and administrative procedures relating to nursing homes and hostels.

The state offices of DHHCS are the next administrative level: this is where policies and programs are implemented. One of the major responsibilities is needs based planning. Needs based planning and its consequence - services distribute according to need - are one of the most important areas of administration at this level. Very briefly, needs based planning uses population statistics, such as the number of older people from specific ethnic backgrounds in particular areas as the basis for distributing scarce resources (i.e. money to provide specific services).

The administration of the HACC program is more complex. This program deals mainly with the delivery of support services to both frail older people and young disabled people living in their own homes. HACC funds a number of services on a regional level with "matched" (half-half with the State) or "unmatched" (totally Commonwealth funded) monies.

Some prominent ethno-specific community care services funded through HACC in South Australia are Ethnic Link, the Ethnic Aged Care Centre, the Multicultural Respite Care Program and the Multicultural Dementia Care Program.

The difficulty is that the individuals and resources of the HACC funded services are not permitted to be used in nursing homes and hostels. The extent of this problem can be gauged by the scarcity of skilled workers in the area of providing culturally appropriate services.

The major issue at the individual service level is the willingness of organisations to accept their responsibilities to older Australians. Most nursing homes and hostels are relatively autonomous from Government regulations and controls. Even though today their funding structures and standards of care are set by the DHHCS, their methods of day to day operation are quite independent. Individual nursing homes and hostels also have distinct methods of operation. For instance, at least one organisation has had a policy of not admitting NESB residents because of the impact difficulties in communication would have.

Commonwealth DHHCS

DHHCS - Adelaide
Standards Monitoring Teams

Nursing Homes and Hostels

Home and Community Care

Geriatric Assessment Teams

SA Health Commission

Domiciliary Care and Rehab. Services

Office of the Commissioner for the Ageing

Nursing Home and Hostel Enquiry Service

Local Council Services

Dept. Family & Community Services

Ethnic Link

Ethnic Aged Care Centre

SA Council for the Ageing

Aged Rights Advocacy Service

Ethnic Communities Council of SA

Ethno-Specific Accommodation Enquiries Service

Multicultural Respite Care Program
Multicultural Dementia Care Program

NESB Communities

NESB Older People, Their Family and Carers

Fig. 1 Services Involved in the Development, Funding and Delivery of Ethno-Specific and Mainstream Aged Care, as Applicable to NESB Older People.

Considering the number of services and organisations involved in the care of the elderly, interorganisational coordination is required to streamline the provision of culturally appropriate services. If service delivery to the older population was not so fragmented, accessing required services would be much simpler.

However, for this to occur, all services and people involved in the care of the elderly would be required to accept some degree of change in their method of service delivery. As Rein (1983) explains:

> "Coordination programs usually require individual organisations to surrender some of the resources, power, or autonomy that they have traditionally controlled to other organisations or to a coordinator." (p71)

The need for aged care services to work together was stated in Kate Barnett's report "Aged Care Policy For A Multicultural Society" (1989), Office of Multicultural Affairs. Here she talked on the need for coordination between all levels of government and service delivery, but most importantly,

> "the need is for a balance between generalist and ethno-specific provisions, according to need, and for a blending of each when the benefits of both can be enhanced by cooperative ventures." (p35)

The report stresses the necessity for ethnic community organisations and mainstream service providers to work in "partnership" to achieve the objective of appropriate NESB aged care. The Ethnic Aged Care Project strongly supports this model and will reinforce the concept in the proposed strategies for the accessing of culturally appropriate services by NESB nursing home and hostel residents.

Following is more detailed discussion on the role of Geriatric Assessment Teams and the concept of clustering, as they are key elements in helping access culturally appropriate services by nursing homes and hostels.

However, a degree of change is to be expected by the staff of the main agencies involved in service provision for NESB older people.

8.2 THE ROLE OF GERIATRIC ASSESSMENT TEAMS IN THE IDENTIFICATION OF CULTURALLY RELATED CARE NEEDS OF POTENTIAL NESB NURSING HOME AND HOSTEL RESIDENTS.

The Geriatric Assessment Teams (GATs), jointly managed by DHHCS and the SA Health Commission, are the link between the older person and appropriate aged care service delivery, whether home, or nursing home or hostel based. The assessment is usually done while the older person resides in his or her home. The aim of the assessment is to:

> "ensure that aged people seeking residential care gain access to the available services appropriate to their needs, and that the only people approved for admission to a nursing home therefore are those who actually need nursing home care." (DHHCS Annual Report 1988-89, P43)

In order to carry out assessments, GAT's collect information in a standardised way in a set of assessment forms. The information collected includes: country of birth and language used. There is a separate form for general comments which can include issues related to ethnically related requirements such as meals, music, ethnic visits, language preference, and so on. However, assessing for culturally appropriate service needs is not presently a standard procedure within the assessment process.

Some GATs located in areas with high proportions of NESB residents do systematically consider culturally appropriate service requirements at the time of assessment. The Team located in the Western region of metropolitan Adelaide is an example of this. However, for Teams from areas of minimal NESB residents assessing, for culturally related needs is incidental.

The GAT State Coordinating body believes that making a detailed culturally relevant care assessment a standard procedure is not yet necessary due to the relatively small proportion of NESB residents requiring residential care. This is misguided and discriminates against older people whose first language is not English.

REC 3.3.1 That as a standard practice, Geriatric Assessment Teams include culturally related needs when assessing NESB older people. This will entail gathering more information, in addition to country of birth and language spoken.

Information relevant to meeting needs in a culturally appropriate way must be available to the resident and to service providers if an effective personal care plan is to be devised.

REC 3.3.3 That the information in relation to cultural needs be made available to the NESB resident or their representative to be provided on admission to the nursing home or hostel. The facility can then develop a complete care plan for the NESB resident including any culture specific care requirements.

REC 3.4.15 That staff ensure they know and are sensitive to the cultural needs of their NESB residents. This includes knowing the language best spoken and understood by the new NESB resident, level of support from family and friends, and preferences for culturally based services. All of these should be established on admission.

To assist the Team members in identifying the cultural needs, a component on cultural considerations of care should be expanded in the staff development and training program of the GATs. In this way the members will be well equipped to make the most appropriate placement referrals to a nursing home or hostel.

REC 3.3.3 That Geriatric Assessment Teams expand on cultural care issues in their training and staff development program to assist them in making thorough assessments and appropriate referrals.

With the right information, the NESB older person can be placed in a nursing home or hostel with other residents, or staff, of the same ethnicity, and so assist in the process of clustering groups of NESB people into mainstream nursing homes or hostels.

REC 3.3.4 That the referrers use the culturally relevant information to help place the NESB older person in a nursing home or hostel with residents, staff or both of the same ethnicity, if so desired by the client.

8.3 CLUSTERING

"Clustering" is the term used to describe the activity of grouping people from the same NESB into one mainstream residential facility. The activity has been promoted by the DHHCS to decrease the number of individual NESB residents scattered throughout the State's nursing homes and hostels.

Clustering aims to decrease social and cultural isolation of the NESB resident. If two people of the same ethnicity are placed together, it is hypothesised that they would have somebody to communicate with in their first language, enjoy the same cultural activities and possibly follow the same religion. It is hoped that the residents may also develop a close friendship.

REC 3.4.16 That nursing homes and hostels, plus other services such as acute care hospitals, promote the strategy of clustering for individual cases on request.

A positive outcome for the residential facility is that having more than one person of the same NESB makes it easier for the facility to provide culturally appropriate services. Cooking meals for more than one person is more cost effective, and arranging activities and trips to the club or church for one NESB group is a lot easier than for an individual.

Having a focus in one facility also makes it easier for NESB communities to make contact with the residents. Volunteers need only visit one facility instead of two, and so make their task simpler. In addition, clustering reduces the pressure for small NESB communities to build their own expensive residential facility.

Staff did indicate that they would support clustering because of the increased cost and service efficiency for the nursing home and hostel, and the increased social and cultural well being for the resident.

8.3.1 Making Clustering Work

While clustering is a straight forward concept, using clustering as a strategy to meet the needs of NESB residents process is quite difficult. Procedures, issues, and approaches all need to be examined and considered before clustering can be successfully employed.

Firstly, and most importantly, not all NESB people want to be clustered. Reasons could include that they do not want or need services tailored to the culture of their former homeland, or that they prefer to be remote from their particular NESB community. The individual older person, or their representative, must be asked their preference by the GAT referrer when arranging a placement in a nursing home or hostel.

Rowland in her research for the Aged Care Reform Strategy (p 35-36, 1990) identified thirteen problems with clustering. They varied from providing matched bilingual staff to care for the cluster group, to not having a bed vacancy in a nursing home or hostel which had a suitable cluster.

Among the other problems identified in this research was, firstly, the referring agency not being able to find people of the same NESB residing in a nursing home or hostel. The Czech, Spanish, French, Russian, Filipino and Chinese communities in South Australia all have either no or few members living in nursing homes or hostels.

The Ethno-Specific Accommodation Enquiries Service based at the Ethnic Communities Council of SA, is an important agency in the local attempt to promote clustering. This agency tries to cluster a person firstly with someone of similar cultural background or, secondly, with a person from a neighbouring country of birth. At least their food and traditions may be similar, and languages understandable to each other.

Language is a very important basis for clustering. This is because the number of multilingual older people is high. The closeness of other countries in Europe and Asia makes it easier to learn more than two languages. Hence, a NESB resident may know several languages and one of them may be the same as the one spoken by the prospective new resident, even though they are from different countries. In addition, a language or close variants will often be spoken by different ethnic groups.

Language and ethnicity can also be matched to those of the nursing home or hostel staff, if there is no resident of that ethnicity accommodated there.

One problem for GATs and other referral agencies is locating nursing homes and hostels in which residents from particular backgrounds live. The Ethno-Specific Accommodations Enquiry Service also has a role here. It has categorised 100 nursing homes and hostels according to their NESB residents and staff. Referring agencies contact the Service and are provided with a list of appropriate nursing homes or hostels to approach for placement.

The final point effecting clustering is priority of placement. To be placed in a nursing home or hostel usually normally requires a waiting period until there is a vacancy. Thus nursing homes and hostels normally have waiting lists and place people according to need. "Need" is defined in terms of the level of nursing and personal care required by the prospective resident. For clustering to successfully work, mainstream residential facilities will have to include ethnicity as a factor of equal rank in establishing priority. A ward or section of the residence can be allocated for a particular group which would simplify the placement process. As the DHHCS determines the bases of priority for placement, ethnicity should be added as a factor to allow flexibility in clustering NESB residents.

REC 3.2.9 That the Department allow nursing homes and hostels give priority to the admission of residents according to ethnicity as well as physical and nursing care needs, to simplify and encourage the clustering process.

REC 3.4.17 That ethnicity as well as physical and nursing care needs be used to define priority and access to nursing homes and hostels approached to accommodate NESB older persons.

8.4 METHODS FOR THE PROVISION OF CULTURALLY APPROPRIATE SERVICES

The services and agencies involved in residential and aged care are quite numerous and there is little coordination. As a consequence, it is difficult for nursing homes and hostels to locate the specific services most appropriate to the needs of an older resident from, say, one of the smaller ethnic groups. Coordination and a more focused approach to accessing culturally appropriate services is required.

The most important elements in a more focused approach is for the nursing home or hostel to have a sound knowledge of their NESB residents' cultural requirements, good relations with the many NESB communities in the State, and to have good networks with the various agencies in their locality. The result will be greater and easier access to the services that are needed.

For easier access to information on where services to meet cultural needs exist, a central point which nursing homes and hostels can contact, is required.

In essence, the nursing home or hostel will act, firstly, as a link between the needs of residents and the required service through direct referral. Secondly, the nursing home or hostel can advocate on behalf of their resident by persuading a NESB community or mainstream agency to develop and provide the needed service. This could range, for instance, from preparing and delivering meals to taping SBS television shows for private use.

On another level, central organisations can act on policy issues which effect service delivery to NESB residents in nursing homes and hostels. To this end, these organisations must accept responsibility for assisting in the development of strategies to improve the provision of culturally appropriate services. This can range from lobbying the Government in recognising overseas qualifications of nurses, reducing the fees for interpreters and translators, or providing financial assistance to facilities which agree to cluster.

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Other activities by central agencies would include: providing information on the cultural needs of the NESB older person, participating in cultural awareness sessions in the training programs for the staff of nursing homes, hostels, GATs and other aged care agencies.

More immediately, central agencies must accept responsibility for monitoring and evaluating the implementation of the recommendations in this report.

These suggested approaches would involve some changes in work practices. They would also require attitudinal changes, particularly among staff with day to day contact with residents. It is imperative that these individuals who are so directly effected be involved in the service development process. The agencies would range from the funding bodies to the users and developers of the cultural services. The recommended participants are:

- Mainstream nursing home and hostel staff
- NESB elderly and their carers
- Ethnic community organisations
- Mainstream and ethno-specific aged care service providers
- Ethnic Communities Council of SA Inc.
- The Department of Health, Housing and Community Services.

The Department is a crucial element in enabling these methods to work by providing funding to support the on-going activities generated by this research. A Project Officer would be needed in the first instance to assist nursing homes and hostels access culturally appropriate services, and help other services promote clustering.

REC 3.2.10	That projects such as the Ethnic Aged Care Project continue to be funded by the Department so that work commenced can be continued and expanded to meet the expected demand in providing culturally appropriate care to NESB residents of mainstream nursing homes and hostels.

To ensure continued support, the Department of Health, Housing and Community Services should integrate ethnic aged care projects into Residential Programs to make it a permanent fixture in the policy and planning strategies related to nursing home and hostel management.

REC 3.2.11	That initiatives involved in developing culturally appropriate services for NESB older people in nursing homes and hostels be moved from the Special Services Program and become a permanent part of Residential Programs.

Funding for a Project Officer would be provided by Residential Programs of DHHCS, but the worker would be based in an organisation at the community level. This would ensure easier access to the nursing homes and hostels, the NESB communities and other relevant services. Also, ground level service delivery makes sure that needs are more quickly identified and acted upon.

Members of NESB communities do receive health and welfare services from a number of HACC funded, community based agencies. The most obvious gap at present is the lack of a permanent service to assist the NESB older people who live in a nursing home or hostel, their families and carers and the staff of these facilities. They all need support in overcoming the barriers of language, and getting the right service to the right people, just as much as community care services do.

8.4.1 The Role of the Ethnic Communities Council of SA

The ideal organisation to monitor and implement the model would be the Ethnic Communities Council of SA, due to its established involvement in ethnic aged care, access and equity, and experience in liaising with all levels of Government, being the peak body for ethnic community organisations.

Through the Ethnic Aged Care Project, work has already occurred within the Council towards developing strategies to improve the care of NESB residents in nursing homes and hostels. It is important that this work continues.

REC 3.5.8 That the Ethnic Communities Council of SA maintain their policy and network on aged care issues to ensure the achievement of the goals of the Ethnic Aged Care Project.

8.4.2 The Ethno-Specific Accommodation Enquiries Service

One is the Ethno-Specific Accommodation Enquiries Service which assists in the clustering of NESB older people within mainstream nursing homes and hostels. The Service is presently accessed by all people involved in the care of NESB older people and has been described as a necessary service by workers in the field. However, the service can be expanded to:

- Further actively encourage the practice of clustering in nursing homes and hostels by promoting its benefits for both the resident and the facility.
- Establish consultation processes with workers in the field to monitor the need in relation to culturally appropriate service development and provision in the residential care field.

- If required, provide input in staff development and training sessions on cultural care issues to staff of nursing homes and hostels, GATs, Standards Monitoring Teams, public hospitals and any other aged care service.

- Assist nursing homes and hostels directly access culturally appropriate services if required.

REC 3.5.9. That the Council continue the Ethno-Specific Accommodation Enquiries Service to assist in the clustering and the provision of culturally appropriate care to NESB older people living in mainstream residential facilities.

8.4.3 The Information Kit to Assist in the Care of Aboriginal and Non-English Speaking Background Older People Living in Nursing Homes and Hostels in South Australia

The Information Kit, also developed by the Ethnic Aged Care Project, will assist nursing homes and hostels access resources such as books, videos and music relevant to the eighteen communities included in the Kit.

The Kit could also be used by agencies as a staff development or training tool, especially if the increase in knowledge on cultural specific attitudes is desired.

It is envisaged to be an expanding resource whereby additional information on the communities can be added as it comes to hand. Its folder format will make this a simple task.

REC 3.5.10 That the Information Kit for the use by nursing home and hostel staff, containing data on cultural care issues and services, be maintained and regularly updated by the Council.

The Council will also monitor which communities are becoming more common in nursing homes and hostels and then produce a Kit insert relevant to the care of older people from that community.

8.5 SUMMARY

Initially for nursing homes and hostels to effectively access culturally appropriate services for their NESB residents, assistance to do this should be provided. A support service is needed to provide information on where services are and basically act as a link between residential and community care services.

The Ethnic Communities Council of SA would be the ideal organisation to administer such a support service. Its roles can be to further develop the Ethno-Specific Accommodation Enquiries Service, further monitor gaps in culturally appropriate service availability, further promote the strategy of clustering and its use, develop additional information resources for workers when required, help simplify the process of employing bilingual staff, and in this manner work towards improving the access to and quality of care for NESB residents of nursing homes and hostels.

In this process, the Council should evaluate the effectiveness of the proposed strategies and facilitate appropriate changes for improved service development.

It is believed that for this proposal to be successful these steps need to be taken first:

- DHHCS move ethnic aged care from Special Services to Residential Programs.

- The Ethnic Communities Council to employ a Project Officer to further develop and maintain the work done to date in the Ethnic Aged Care Project.

- Funding for the Project Officer position and the administration of the project will be provided by DHHCS from Residential Programs.

REC 3.5.11 That the Council apply to the Department of Health, Housing and Community Services for ongoing funding of the Ethnic Aged Care Project so it can continue the support and assistance required by residential facilities to provide culturally appropriate services for their NESB residents.

- A steering committee be established to manage the project consisting of representatives from the groups and agencies listed above.

REC 3.5.12 That the Council establish a steering committee responsible for the implementation of the above recommendations and their evaluation, the monitoring of ethnic aged residential care service gaps and doing hands-on work in meeting the identified needs.

The Project can then work towards implementing the relevant recommendations from this report and further develop the Ethno-Specific Accommodation Service, Information Kit and the process of clustering.

With the imminent and increasing demand for culturally appropriate services over the next two decades, a plan such as the one described above should be implemented now.

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The Bibliography was included in the report so that you can see the documents consulted and used during the research phase. They may also be of interest for further reading in the field of ethnic aged care.

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10.0 DEFINITIONS

Following are the acronyms and definitions that are used frequently in the text of the report.

DHHCS	Department of Health, Housing and Community Services
ECC of SA	Ethnic Communities Council of South Australia
NESB	Non-English Speaking Background
OCA	Office of the Commissioner for the Ageing
OMA	Office of Multicultural Affairs
DFACS	Department of Family and Community Services
DILGEA	Department of Immigration, Local Government and Ethnic Affairs.
HACC	Home and Community Care
GATs	Geriatric Assessment Teams
DON	Director of Nursing
Clustering	A term used to define the concept of grouping people from the same non-English speaking background into one mainstream residential facility.
Ethno-Specific	Pertaining to a particular cultural and NESB group.
Mainstream Residential Facility	A Commonwealth subsidised Nursing Home or Hostel which mainly caters for the general English-speaking population.
Medical Crisis	Emergency admission into hospital usually from home, followed by admission into a nursing home or hostel due to the need for 24 hour nursing or personal care.

APPENDIX 1

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INTERVIEWER GUIDE

Nursing Home/Hostel Resident/Family Member &/or Carer.

[INTERVIEWER NOTES: Introduce yourself and provide a brief rundown of the questionnaire's purpose, ie: to find out the needs of the ethnic elderly in mainstream (or mainly english-speaking) nursing homes/hostels; the aim being to improve their access to culture specific services that they may desire.
Assure them that all information is confidential, that no names will be used, and that all answers will be aggregated.]

1. Ancestry..(only ask if unsure)

2. To know more about you, could you please tell me:

2.1 What were your reasons for leaving (country)?

2.2 Did you work in Australia? (PROBE: type of job(s), where, whether worked with other immigrants, etc)

2.3 How did you settle in Australia? (Did you find it easy/difficult, for what reasons?)

3. Tell me about the people who visited and telephoned you on a regular basis when you were still living at home.

4. What other things did you do with your time? (eg: shopping, outing church)

5. What made you move to the nursing home/hostel?

☐ Deteriorating health

☐ Family/friends couldn't look after me any longer

☐ Medical crisis (came from hospital)

☐ Needing company

☐ Other (specify) ....
....

6. Could you have stayed home longer if you had more community supports?

☐ Yes ☐ No

Could you please give me an example.

....
....

7. Did you arrange to come here yourself?

☐ Yes ☐ No (Go to Question 9)

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8. Why did you choose this place? (Go to Question 11)

☐ Close to family and friends

☐ Close to where lived before

☐ Reputation for good service and care

☐ Attractive and comfortable surroundings

☐ Friend already a resident

☐ Has staff/residents who speak my language

☐ Other (specify) ....

....

9. Who then did arrange for you to come here?

☐ Family

☐ Friend/Carer

☐ Doctor

☐ Community member

☐ Priest

☐ Worker (specify) ....

☐ Other (specify) ....

....

10. Did you have any say in where you will go?

☐ Yes ☐ No

In what way? ....

....

11. And how long have you been here?

..........years ....months

12. Out of the things you used to do whilst still living at home, which do you miss the most living here?

☐ Seeing family and friends

☐ Telephoning family and friends

☐ Home cooking

☐ Going to church

☐ Outings (specify) ....

☐ Privacy

☐ Independence

☐ Gardening

☐ Opportunity to converse in own language

☐ Other (specify) ....

....

13. What do you think are the barriers in doing or having these things here? (PROBE)

14. What is your opinion on what nursing homes/hostels should consider when caring for an overseas born person such as yourself? (PROBE eg: respect of religion/language/cultural issues/environment, etc)

15. If at all possible, would you prefer to have more residents of the same ethnic background in a nursing home?

☐ Yes ☐ No

Now I would like to ask some personal questions about yourself.

16. What language do you feel most comfortable in using?

17. Can you read and write in that language?

18. In what year were you born?

19. Is there anything else you would like to tell me?

THANKYOU FOR YOUR TIME AND PARTICIPATION

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ETHNIC AGED COMMUNITY MEMBER

[INTERVIEWER NOTES: Introduce yourself and provide a brief rundown of the questionnaire's purpose, ie: to find out the needs of the ethnic elderly in mainstream (or mainly english-speaking) nursing homes/hostels; the aim being to improve their access to culture specific services that they may desire. This group is encouraged to think about what they might miss or desire if they move into a nursing home or hostel.
Assure them that all information is confidential, that no names will be used, and that all answers will be aggregated.]

1. Ancestry..(only ask if unsure)

2. To know more about you, could you please tell me:

2.1 What were your reasons for leaving (country)?

2.2 Did you work in Australia? (PROBE: type of job(s), where, whether worked with other immigrants, etc)

2.3 How did you settle in Australia? (Did you find it easy/difficult, for what reasons?)

3. Tell me about the people who visit and telephone you on a regular basis at home.

4. What other things do you do with your time? (eg: shopping, outings, church)

5. Do you have any difficulty in doing anything at home by yourself?

6. Do you have any community services or people come and help you with anything at home?

☐ Yes ☐ No

Who, and what do they do?

....

....

7. If you had to move into a nursing home or hostel, what would you want to have there to make your stay happy?

8. What is your opinion of nursing homes/hostels?

9. What should nursing homes/hostels take into consideration when caring for an overseas born person such as yourself? (PROBE: eg: language, cultural differences, traditions, etc)

10 Would you prefer to have more residents of the same ethnic background in a nursing home?

☐ Yes ☐ No

Now I would like to ask some personal questions about yourself.

11. What language do you feel most comfortable in using?

12. Can you read and write in that language?

13. In what year were you born?

14. Is there anything else you would like to tell me about the care of the elderly in your community?

THANKYOU FOR YOUR TIME AND PARTICIPATION

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Ethnic Communities Council of S.A. Inc.
2nd Floor, 13 Leigh Street,
Adelaide S.A. 5000
Tel. 212 6267

CONFIDENTIAL

NURSING HOME AND HOSTEL QUESTIONNAIRE

The Ethnic Communities Council is presently running an Ethnic Aged Care Project which is concerned with non-english speaking background (NESB) elderly people living in mainly english-speaking nursing homes and hostels.

The project is investigating whether the NESB elderly people require services which are relevant to their cultural background. The hypothesis is that this group may become culturally and socially isolated once in a nursing home or hostel. There may be problems with communication, food, cultural mores, and a sense of being cut off from their community.

The attached questionnaires are provided to investigate your views, concerns and issues related to having a NESB resident in your nursing home/hostel. There are two questionnaires provided, one to be completed by the Director of Nursing/Manager and one other nursing or personal care staff member.

All information will be kept confidential and responses will be aggregated before released, to ensure that no individual nursing home/hostel can be identified.

Please complete the questionnaires and return them to :

Rita Perkons
Project Officer
Ethnic Communities Council
2nd floor, 13 Leigh St
ADELAIDE SA 5000

No later than 6 July 1990

Thankyou for your time and cooperation.

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PART I - GENERAL INFORMATION

1. Does the nursing home/hostel have any aged people from non-englis speaking background?

☐ Yes ☐ No
If No, stop here and please return the questionnaire.

2. How many? ....

3. What is their country of birth and first language spoken?

COUNTRY OF BIRTH	LANGUAGE
....	....
....	....
....	....
....	....
....	....
....	....

4. How many of them are:

long term ☐ (more than one year)

short term ☐ (less than one year)

respite ☐ residents?

5. Can they speak and/or understand English?
(Please indicate number in box)

Speak English	☐ Yes	☐ No	☐ Not sure
Understand English	☐ Yes	☐ No	☐ Not sure

6. Do friends and/or family visit them regularly?
(Please indicate number in box)

☐ Yes ☐ No

	Daily	Weekly	Fortnightly	Monthly	Rarely
Family	☐	☐	☐	☐	☐
Friends	☐	☐	☐	☐	☐
Other (specify)	☐	☐	☐	☐	☐

QUESTION

PART II - ETHNO-SPECIFIC ISSUES

1. Does the nursing home/hostel provide any of these services for the NESB residents? (Tick more than one).

1. ☐ Ethnic meals relevant to their culture
2. ☐ Recognition of special celebration days
3. ☐ Outings to ethnic community clubs
4. ☐ Visits from relevant ethnic community members
5. ☐ Visits from the community's religious representative
6. ☐ Provision of information re the facility and services translated in their language
7. ☐ Bi-lingual staff
8. ☐ Use of medical practioner of same ethnicity
9. ☐ Reading material (eg: newspapers, books) in their language
10. ☐ Visual/audio material (eg: videos, books on tape, SBS TV) in their language
11. ☐ Other (specify)..

2. Do you believe the NESB residents require ethno-specific services?

☐ Yes ☐ No

. For what reasons?

1...

2...

3...

4. Are there any barriers evident to you in providing ethno-specific services to NESB residents?

☐ Yes ☐ No
└ Go to Question 7

QUESTION

5. What are they?

1. ☐ Cooking special meals for a few people is not possible due to existing facilities
2. ☐ Resident(s) too frail or ill to appreciate special services
3. ☐ Resident(s) not interested in ethno-specific services - "Australianised"
4. ☐ Family and friends provide adequate cultural interaction
5. ☐ Insufficient funds
6. ☐ Not enough time to make arrangements
7. ☐ Not enough staff to cater for special needs
8. ☐ Do not know where to find the ethno specific services in the community
9. ☐ Not aware of any ethno specific needs
10. ☐ Other (specify)...

6. How could any of these barriers be overcome?

1..
2..
3..
4..
5..

7. Would the nursing home/hostel consider accommodating two or more residents of the same NESB background?

☐ Yes ☐ No ☐ Not sure

Please explain your response

....
....

8. Any other comments related to NESB residents and service provision i nursing homes and hostels?

....
....
....
....

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PART III - ETHNIC AGED CARE PROJECT

This project is planning to produce an information kit for nursing home and hostels who have NESB residents. In your opinion, which of th following would be important to include in the kit?

1. ☐ Contacts from relevant communities
2. ☐ Government services ie: Migrant Resource Centre, Age Line, Nursing Home/Hostel Enquiry Service
3. ☐ Government-funded ethno-specific services eg: Ethnic Link, Ethnic Communities Council
4. ☐ Resource contacts eg: translated reading materials
5. ☐ Translation/interpreter services
6. ☐ Translated legal documents
7. ☐ Translated health information
8. ☐ Places of worship
9. ☐ Food and diet information
10. ☐ List of Medical Practitioners and other professionals who ar bi-lingual
11. ☐ Culture specific information covering:
    - a. ☐ national language
    - b. ☐ attitudes to sickness and hospitalisation
    - c. ☐ attitudes to treatment
    - d. ☐ attitudes to pain
    - e. ☐ role of the family in caring for the sick and aged (traditional)
    - f. ☐ emotional response to residential care
    - g. ☐ religious practices
    - h. ☐ death and burial
    - i. ☐ special traditions and celebrations
12. ☐ Grants available for service/resource development
13. ☐ Other (specify)...

QUESTION

Would the nursing home/hostel be willing to consider participating in a pilot project of approximately three months to test strategies for providing culture specific services to NESB residents?

☐ Yes ☐ No

If Yes, please write your:

Name:
Telephone No.:
for further information

THANKYOU FOR YOUR TIME AND COOPERATION

Please return by 6 July 1990

QUESTION

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APPENDIX 2

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TABLE 1 - NH&H RESIDENT SURVEY POPULATION

GROUP	NH	H	TOT	INTER-VIEW	NO COMM-UNICATION	NOT PERMITTED
ITALIAN	16	5	21	19	2	-
GREEK	15	-	15	12	3	-
YUGOSLAV*	5	1	6	4	2	-
HUNGARIAN	5	-	5	3	1	1
LATVIAN	7	1	8	8	-	-
LITHUANIAN	7	-	7	7	-	-
ESTONIAN	8	3	11	10	1	1
CZECH**	-	-	-	-	-	-
UKRAINIAN	5	1	6	3	2	1
INDO-CHIN+	-	-	-	-	-	-
GERMAN	6	4	10	7	3	-
DUTCH	5	4	9	7	2	-
RUSSIAN	2	-	2	2	-	-
POLISH	13	6	19	16	3	-
MISC	4	4	8	6	-	2
TOTAL	98	29	127	104	19	5

* This category includes the Croatian and Serbian cohorts which were not differentiated from Yugoslavian by the facility staff approached during the sampling.

** Czechs were targetted for the survey and so included in the table, but none of this ethnicity were residents in the NH&H sample.

+ The same stands for the Indo-Chinese population as for the Czech population.

TABLE 2 - YEAR OF BIRTH

YEAR	NH	H	COMM.	TOTAL	%
Prior 1900	3	-	1	4	4
1900-1919	30	12	14	56	55
1920-1939	5	-	16	21	21
Can't Remember	3	-	-	3	3
No Response	3	3	11	17	17
TOTAL	44	15	42	101	100

TABLE 3 - GENDER (nr=2)

	MALE COMM.	NH&H	SUB-TOTAL	FEMALE COMM.	NH&H	SUB-TOTAL	TOTAL
NO.	22	21	43	24	24	48	91*

* 2 non-responses due to interviewers not recording the sex of the respondent.

TABLE 4 - ANCESTRY OF RESPONDENTS

COUNTRY OF BIRTH	COMM. NO.	NH&H NO.	TOTAL NO.	%
Estonia	-	5	5	5
Latvia	-	6	6	6
Germany	2	7	9	8
Ukraine	4	2	6	6
Italy	4	11	15	14
Hungary	5	4	9	8
Lithuania	-	4	4	4
Holland	4	8	12	11
Poland	1	3	4	4
Greece	10	5	15	14
Yugoslav/Serbian/ Macedonian	2	3	5	5
Russian	4	1	5	5
Indo Chinese	10	-	5	5
TOTAL	46	59	105	100

TABLE 5 - LENGTH OF RESIDENCY

LENGTH	NH	H	NO.	%
6 months	6	2	8	15
6 months - 1 year	6	6	12	23
1 year - 2 years	13	1	14	27
2 years - 5 years	10	4	14	27
5 years	3	1	4	8
TOTAL	38	14	52	100

TABLE 6 -TYPE OF RESPONDENT

NURSING HOME	HOSTEL	SUB TOTAL	COMM. MEMBER	TOTAL
41	14	55	46	101

TABLE 7 - REASONS FOR COMING TO AUSTRALIA

REASON	NH&H NO.	COMM NO.	TOTAL	%
World War II	19	21	40	43
To live with family (family reunion)	5	4	9	10
To join husband	4	-	4	4
Start new life	3	4	7	7
Seeking work	7	3	10	11
Escape Russian Occupation	2	-	2	2
Personal Reasons, ie: health	5	1	6	6
Adventure	-	2	2	2
No response	14	-	14	15
TOTAL	59	35	94	100

TABLE 8 - DECADE LEFT COUNTRY (nr=28)
(NH&H Residents Only)

YEAR	NO.	%
1920s	5	19
1930s	1	4
1940s	6	23
1950s	11	42
1960s	3	12
TOTAL	26	100

TABLE 9 - WORK IN AUSTRALIA

	NH&H NO.	COMM. NO.	TOTAL	%
Worked	40	26	66	63
Did Not Work	15	20	35	33
Husband Worked	4	-	4	4
TOTAL	59	46	105	100

TABLE 10 - TYPE OF WORK

TYPE OF WORK	NH	H	COMM.	TOTAL	%
Public Service	1	-	-	1	2
Cleaner	3	4	2	9	16
Tradesperson	5	2	3	10	18
Professional	2	2	2	6	11
Labourer	11	1	5	17	30
Self-Employed	-	2	2	4	7
Clerical	1	-	-	1	2
Farming	2	-	-	2	3
House Duties	4	-	2	6	11
TOTAL	29	11	16	56	100

TABLE 11 - HOW SETTLED IN AUSTRALIA
(Multiple Responses)

RESPONSE	NH	H	COMM	TOTAL
Good	10	4	12	26
Easily	8	4	8	20
With Difficulty	18	4	10	32
Language Problems	10	3	-	13
Isolated/Lonely	3	-	-	3
Would like to return	3	-	-	3
No Money	2	-	-	2
Other	2	-	-	2
No Response	9	2	-	11
TOTAL	65	17	30	112

TABLE 12 - LANGUAGES SPOKEN

LANGUAGE	NH	H	COMM	TOTAL	%
1st Language Only	21	3	29	53	52
English Only	2	3	-	5	5
English & 1st language	16	6	11	33	33
More than 2 languages	2	2	6	10	10
TOTAL	41	14	46	101	100

TABLE 13 - USE OF LANGUAGE BY NESB RESPONDENTS. ABILITY TO READ AND WRITE

	COMMUNITY RESIDENT	NH&H RESIDENT
1st Language only	10	39
English only	-	7
1st Language & English	8	40

* 7 NH&H NESB residents had no communication due to illness such as dementia or stroke.

TABLE 13a - INABILITY TO READ AND WRITE

	COMMUNITY RESIDENT	NH&H RESIDENT
1st Language only	3	13
English only	-	5
1st Language & English	-	1

TABLE 14 - VISITORS AT HOME
(Multiple Responses)

TYPE	NH	H	COMM	TOTAL
Family	11	7	7	25
Friends	17	1	9	27
Neighbours	3	-	-	3
Own countrymen	7	-	-	7
Church	1	2	1	4
No family	1	2	-	3
Lived with family	2	-	-	2
Volunteer	-	-	4	4
Aged Care Worker	-	-	4	4
Other	4	1	-	5
No response	14	1	-	15
TOTAL	60	14	25	99

TABLE 15 - OTHER ACTIVITIES
(Multiple Responses)

ACTIVITY	NH	H	COMM	TOTAL
Church	11	3	18	32
Shopping	8	1	9	18
Ethnic Club	10	4	20	34
Gardening	6	1	9	16
Housekeeping	7	-	8	15
Work	2	1	-	3
Visiting others	2	-	10	12
Festivals	3	-	-	3
Choir practice	-	2	-	2
Crafts/Games	3	3	5	11
English lessons	-	-	10	10
Volunteering	-	-	3	3
Cooking	-	-	2	2
Outings	-	-	2	2
Other	3	2	3	8
No response	16	4	-	20
TOTAL	71	21	99	191

TABLE 16 - ACTIVITIES MISSED MOST
(Multiple Responses)

RESPONSE	NH	H	NO.
Seeing Family/Friends	7	3	10
Home Cooking	14	1	15
Going to Church	7	2	9
Outings	10	5	15
Privacy	8	3	11
Independence	12	4	16
Gardening	5	2	7
Use of 1st Language	19	4	23
Own Surroundings	2	1	3
Miss nothing	4	-	4
Does nothing new	4	-	4
Other	3	3	6
TOTAL	95	28	123

TABLE 17 - THINGS TO MAKE YOU HAPPY IN NURSING HOME/HOSTEL
(Multiple Responses)

RESPONSE	NO.
Religious contact	14
Bilingual staff	25
Food-culture specific	16
All ethno-specific	12
Same NESB residents	16
Information-translated	16
Would not go by choice	5
Don't need special services	10
Other	3
TOTAL	117

123

TABLE 18 - SPECIAL CONSIDERATIONS FOR CARE IN NH&H
(Multiple Responses)

RESPONSE	NH	H	COMM	TOTAL
Language	7	-	8	15
Own culture's food	2	1	-	3
Church contact	2	-	10	12
None needed	3	-	-	3
Place good as is	-	2	-	2
Cultural issues	3	3	5	11
Respect	-	-	10	10
Bilingual staff	-	-	3	3
Don't know	-	-	2	2
Other	3	2	3	8
No response	16	4	-	20
TOTAL	71	21	99	191

TABLE 19 - BARRIERS TO MEETING NEEDS

RESPONSE	NH	H	NO.	%
Own deteriorating health	10	6	16	45
None	2	3	5	14
Language	7	-	7	19
Staff too busy	4	-	4	11
Other	2	2	4	11
TOTAL	25	11	36	100

TABLE 21 -TYPE OF SUPPORT REQUIRED
(Multiple Responses)

TYPE	NH	H	NO.
Day Carer	5	-	5
Bathing	2	-	2
Cooking	1	1	2
Housework	-	1	1
Gardening	-	1	1
Shopping	-	1	1
Security	1	-	1
TOTAL	9	4	13

TABLE 22 - COMMUNITY SUPPORTS REQUIRED

SUPPORT REQUIRED	NH	H	NO.	%
Yes	7	2	9	15
No	35	12	47	77
Dont' Know	1	-	1	2
No response	4	-	4	6
TOTAL	47	14	61	100

TABLE 23 - DIFFICULTY MANAGING AT HOME

RESPONSE	NO.	%
Yes	5	15
No	28	85
TOTAL	33	100

TABLE 24 - USE COMMUNITY SERVICES

RESPONSE	NO.	%
Yes	5	15
No	28	85
TOTAL	33	100

TABLE 25 - ARRANGEMENT OF PLACEMENT

RESPONSE	NH	H	NO.	%
Yes	11	10	21	35
No	30	4	34	57
No Response	5	-	5	8
TOTAL	46	14	60	100

TABLE 26 - WHO ARRANGED PLACEMENT
(Multiple Responses)

RESPONSE	NH	H	NO.
Family	17	5	22
Doctor	18	1	19
Community member	5	-	5
Worker	6	-	6
Other	2	-	2
No Response	9	9	18
TOTAL	57	15	72

TABLE 27 - CONSULTED RE PLACEMENT

RESPONSE	NH	H	NO.	%
Yes	15	4	19	35
No	16	1	17	32
No Response	9	9	18	33
TOTAL	40	14	54	100

TABLE 28 - WHY CHOSE FACILITY
(Multiple Responses)

REASON	NH	H	NO.
Close to Family/Friends	7	4	11
Close to where lived before	4	5	9
Good reputation	1	4	5
Attractive & comfortable	2	4	6
Friend already resident	4	-	4
Staff/Residents speak language	3	-	3
Other	6	1	7
No Response	14	1	15
TOTAL	41	19	60

TABLE 29 - OPINION OF NURSING HOMES & HOSTELS

RESPONSE	NO.	% AGE
Very nice, if needed	5	12
Waste of money	2	5
Wouldn't go	4	9
Go if very ill	19	44
Place for elderly	2	5
Don't know	11	25
TOTAL	43	100

TABLE 30 - CLUSTERING PREFERRED
(Multiple Responses)

RESPONSE	NH	H	COMM	TOTAL
Yes	22	3	23	48
No	14	11	9	34
Already clustered	5	-	-	5
Other	2	-	-	2
No Response	7	-	-	7
Not Sure	-	-	11	11
TOTAL	50	14	43	107

TABLE 31 - NO. OF NESB RESIDENTS IN THE NURSING HOME/HOSTEL

NO. OF NESB RESIDENTS	NO. OF NH OR HOSTELS	%
1	18	24
2	11	14
3	11	14
4	8	11
5-9	18	24
10-14	5	7
15-19	2	3
20+	2	3
TOTAL	75	100

TABLE 32 - ETHNO-SPECIFIC SERVICES PROVIDED BY NH&H TO NESB RESIDENTS
(Multiple Responses)

TYPE OF SERVICE	NO.
Visits from religious representative	60
General Practitioner of same ethnicity	57
Bilingual staff	54
Visits from ethnic community member	38
Culture specific meals	36
Reading material in own language	28
Visual/audio material in own language	27
Celebration of special days/traditions	26
Information re NH&H in own language	22
Outings to ethnic club	19
Other	3
TOTAL	370

TABLE 33 - DO NESB RESIDENTS REQUIRE SPECIAL SERVICES?

RESPONSE	NO.	% OF NH&H
Yes	60	80
No	12	16
Unsure	3	4
TOTAL	75	100

TABLE 34 - REASONS FOR NESB RESIDENTS REQUIRING SPECIAL SERVICES
(Multiple Responses)

REASON	NO.
Maintain culture and lifestyle	32
Communication re needs, health, problems	20
More homelike and comfortable	8
Reduce cultural isolation	6
"Australianised" - adjusted to lifestyle	6
Maintain quality of life	6
Provides complete care and meets needs	5
Improves self esteem and worth	5
Relevant activities and interests	5
Provides motivation and stimulation	4
Reduce anxiety due to move	2
TOTAL	103

TABLE 35 - BARRIERS EVIDENT FOR SPECIAL SERVICES

RESPONSE	NO.	% OF NH & H
Yes	45	61
No	28	38
Unsure	1	1
TOTAL	74	100

TABLE 36 - THE BARRIERS TO SPECIAL SERVICES AS PERCEIVED BY NH&H STAFF
(Multiple Responses)

BARRIERS	NO.
Not enough staff (hours)	35
Residents too frail or ill to appreciate special services	33
Family and friends provide the special services	29
Residents "Australianised"	27
No facilities for cooking special meals	24
Insufficient funds	24
Do not know where services are	15
Not enough time	12
Not aware of etho-specific needs	10
Other	3
TOTAL	212

TABLE 37 - WAYS OF OVERCOMING BARRIERS TO THE PROVISION OF SPECIAL SERVICES

WAYS OF OVERCOMING BARRIERS	NO.
Services be provided by ethnic community volunteers	16
Meals and support provided by family and friends	13
Increased funding from government departments	8
More information on available ethnic services	7
Staff education in special needs and language	6
Increased staffing hours	5
Ethnic community services to interact more with NH&Hs	3
Special grants for ethno-specific services	3
Meals on Wheels to provide special meals	2
Resident too ill/demented to assess for services	2
Continued assessment by staff	2
Miscellaneous	6
TOTAL	73

TABLE 38 - LENGTH OF RESIDENCY

LENGTH OF RESIDENCY	NO. OF NH&Hs	NO. OF NESB RESIDENTS
Long term	66	295
Short term	19	63
Respite	3	3
Hospice	1	1

TABLE 39 - FREQUENCY AND TYPE OF VISITORS
(Multiple Responses)

	FAMILY		FRIENDS		OTHER	
	NO. NH&Hs	NO. NESB RESIDENTS	NO. NH&Hs	NO. NESB RESIDENTS	NO. NH&Hs	NO. NESB RESIDENTS
Daily	22	80	9	19	1	1
Weekly	50	188	24	55	3	30
Fortnightly	8	23	8	20	3	8
Monthly	10	10	6	7	-	-
Rarely	8	12	11	18	2	5

TABLE 40 - ABILITY OF NESB RESIDENTS TO SPEAK AND UNDERSTAND ENGLISH AS PERCEIVED BY STAFF

	YES		NO		NOT SURE	
	NO. NH&Hs	NO. NESB RESIDENTS	NO. NH&Hs	NO. NESB RESIDENTS	NO. NH&Hs	NO. NESB RESIDENTS
Speaks English	55	164	19	152	13	33
Understands English	54	178	22	142	17	37

TABLE 41 - COUNTRY OF BIRTH AND FIRST LANGUAGE SPOKEN OF NESB RESIDENTS

COUNTRY OF BIRTH	LANGUAGE	NO. OF RESIDENTS	%
Italy	Italian	118	37
Germany	German	30	9
Greece	Greek	23	7
Poland	Polish	23	7
Poland	German	1	0.3
Holland	Dutch	20	6
Latvia	Latvian	17	5
Latvia	German	1	0.3
Hungary	Hungarian	14	4
Estonia	Estonian	7	2
Estonia	German	1	0.3
Malta	Maltese	6	2
Yugoslavia	Yugoslavian	6	2
Yugoslavia	Serbian	1	0.3
Yugoslavia	Russian/German	1	0.3
The Ukraine	Ukrainian	6	2
The Ukraine	Russian/German	1	0.3
Lithuania	Lithuanian	5	2
Russia	Russian	5	2
Russia	Latvian	1	0.3
France	French/Swiss	3	1
Austria	German	3	1
Austria	Austrian	1	0.3
Austria	Yugo and Italian	2	0.6
Austria	English	1	0.3
Macedonia	Greek	3	1
China	Cantonese	3	1
Sweden	Swedish	2	0.6
Sweden	French/English	1	0.3
India	Tamarin	2	0.6
India	Indian	1	0.3
Vietnam	Vietnamese	2	0.6
Aust. Aboriginal	English	2	0.6
Miscellaneous		10	3.0
TOTAL		323	100

No. of Different COB's = 30
No. of Languages = 28

TABLE 42 - WOULD THE NH&H CONSIDER ACCOMMODATING MORE THAN ONE NESB RESIDENT IN THEIR FACILITY?

RESPONSE	NO.	% OF NH & H
Yes	45	61
No	28	38
Unsure	1	1
TOTAL	74	100

TABLE 43 - REASONS FOR CLUSTERING
(Multiple Responses)

REASON/COMMENTS	NO.
Admission dependent on need & vacancy, not ethnicity	18
Already clustering NESB residents	14
Communication between residents	12
Provides greater companionship	11
Less cultural isolation	5
Would cluster if required	5
Simplify provision of ethno-specific services	4
Dementia decreases interaction & possibilities	4
Mutual support and understanding	3
Would not be a problem	3
Same NESB does not mean friendship	3
Enhances life of NESBs and ESBs	3
Miscellaneous	5
TOTAL	90

COMMENTS FROM STAFF AND RESIDENTS

Following are all of the comments made during the survey phase, taken from the questionnaires. These are the qualitative data, to me the most important parts of any research. The comments represent reality, they are not facts or figures or graphs which are sterile and impersonal. Here are the actual thoughts and beliefs of the people who are directly involved in the research area: the workers, the service users and the associated communities. From these statements you can learn the most about how people feel about the present system. They may also actually move you to do something constructive in the ethnic aged care field.

The comments are divided up according to the questions from the questionnaire to place them in context for the reader. They are also categorised according to the survey populations. First are the comments from facility staff, followed by NESB community older members, and then the NESB residents of nursing homes and hostels. Each new paragraph is a new person talking.

NURSING HOME AND HOSTEL STAFF

(All of these comments come from the general question of "any other comments". Twenty-five staff provided valuable input.)

NESB residents often suffer conditions which do not enable them to respond or request cultural requirements.

We have very few applications in this area because of small ethnic population, however there is no discrimination.

Need a package of where to find help.

My experience with this resident has led me to believe there is increased difficulty because of experiences (some difficult) when these people were newcomers to Australia. She seems more emotional about things than most of the other residents. Emotional responses of resident also mean that often we can't help her because she "blocks" us out and doesn't try to listen and accept what we offer.

Our minority group of Serbians have no Serbian speaking doctor, none will come to the nursing home - this is probably related to the small reimbursement for nursing home visits from the Commonwealth Government to the doctor. If the doctor has to travel a great distance out of his area to the nursing home, it just is not worth it.

Greek lady refuses to go to Greek nursing home - doesn't want others to know her business! Has been here almost six years and has too much of her own way, which she would not be able to in Greek nursing home. Is a very aggressive lady and set in her ways. Italian lady is a sweetie and loves it here according to her folks. We have no problems with language as she seems to understand us.

An aged NESB resident in an English speaking hostel could pose some interaction difficulties due to a language barrier. As an organisation we could provide all the necessary services but would this prevent cultural isolation?

I feel ethnic social groups and services could make it their business to ensure that ethnic residents are being catered for if only on an emotional level. How about many more ethnic volunteers to visit homes/hostels and to provide and arrange transport to social groups/outings/functions on a regular basis. We have a library service which comes monthly - how about ethnic services arranging same.

The RCI instrument does not take into consideration the "special needs" of these individuals and the time required to provide these services - unless we reflect their requirements/behaviours as nursing management problems. In turn with limited nursing and personal care hours as a result of this RCI, poor/inadequate provision of these services creates resident dissatisfaction and behavioural problems.

Five out of six of our NESB residents have dementia. One religious minister visits only when asked as he feels he's not "getting through" to the resident. Another tells me he is happy only to see his friend who is of same nationality.

Possibly most of the residents which we would now refer to as of non-English speaking background have spoken English in their earlier years and now due to age and confusion do not converse at all, not even to their own relatives/people of the same ethnic background. The problem is their confusion and not their background. Would probably be of benefit if some links with their past could be made, e.g. videos, slides of people of the same ethnic background. The same as any person would be stimulated by reminders of the past. The residents who have the ability to converse and read have friends and relatives who visit frequently. Two seem to have no interaction with people of their own ethnic background, due to their age/confusion problem. One resident is unable to speak at all; one (German speaking) has limited English and can understand and generally make himself understood but has no power of concentration. Two residents only show preference for their ethnic foods. The information kit would need to be aimed at staff, relatives and residents - most of our residents would be unable to use any material provided, and benefit to them would have to flow from relatives and nursing home staff being informed.

I find that ethnic residents are somewhat isolated because of language and culture. Perhaps staff should be educated to understand needs of ethnic residents and cultures by some educational body.

Five people who are residents are of NESB but each person belongs to a different ethnic group. It would be easier for us if they belonged to two groups, services would be less fragmented, and they would provide mutual support.

If NESB resident has been in Australia a long time, then many of social/emotional needs become similar to other elderly people, which is the need for personal time and attention, company, regular contact with family. Main restriction here becomes availability of staff resources (lack of time!!).

Although people from a NESB are welcome in our nursing home. I feel they may be happier in a nursing home especially for people of their culture, so that they may have interaction with a greater number of people.

The Hospice Unit attached to this nursing home has specific problems related to care of the dying, and many of these need to be addressed separately from Aged Care.

Have you considered HIV (AIDS) patients of ethnic origin?

Most of our residents have loving, caring families who look after their emotional needs. Many of these residents have been in Australia a long time. They speak the language, and are used to the food and customs.

It is very important that ethno-specific services are continued on a regular basis. If it is a spasmodic arrangement, they lose confidence and will not take part.

Frequently, translation meaning is lost between resident and interpreter and staff, especially when we rely on them.

More specific information re: resources for different ethnic groups and contacts, and relevant national celebration/traditional/backgrounds to enable staff (and residents) to read and understand history, cultural aspects. I feel to be able to purchase a manual on specific cultures, with the ability to receive updated information would be excellent for all accommodation facilities, and general medical profession. Being a multicultural country, greater knowledge of culture groups would assist in more effective assimilation and acceptance from others.

It is very difficult at times to assist a resident of ethnic background to assimilate with others due to cultural differences. I feel if volunteers came in and related to these residents, especially residents with no family or support link, these residents would have a better quality of life and self-worth.

It is difficult to provide special ethnic programs for individuals especially if they are from different ethnic backgrounds. Information is not readily available and easily accessible, and funding and staffing are very limiting.

I have allocated time to spend with the residents to just talk or read with them in their own language. Cassettes are brought in so they can hear their own songs. Ministers are invited to give them Holy Communion.

As I have not had any requiring these services as yet, I am not able to provide you with more concrete ideas.

NESB COMMUNITY MEMBERS

Qu 2.1: Reasons for leaving their country of birth

Migrated from Germany where she had met her husband and married in a camp. Came out in 1949.

Lived 40 years in England. Ten years ago moved to Australia under the family reunion scheme.

To find a better life.

We were poor, had nothing at all, we were looking for work and better life.

I left Italy to find financial security and to make a better life for my family.

All my children had moved to Australia and since I was in Italy with little family, my children urged me to make the move. So I left my home for the love of my children.

Shortage of housing.

More future for children.

Work related.

Husband's desire to see more of the world.

The 1956 Revolution (Hungary).

To join son (1969).

To join family, been here three years.

Sense of adventure and aim to earn more money.

Qu 2.2: Work in Australia

Brought first knitting machine into SA. Worked for Myers and DJs, in the country near Loxton.

Worked in many places in Bush. My first place was in Woomera, then Radium Hill, Maralinga, etc. Stopped 4 years ago because had a bad accident.

I am a master builder and had my own business. People I worked with were often Ukrainian too, but I had to learn English for my work. Made my children speak English to me at home so I could practice.

Worked in many places as a cleaner.

Worked in a laundry with Scottish and Polish people. Worked very hard. Learnt English by reading comics to the children.

Come on retired pension.

I worked in the building trade, and I always encountered other immigrants, not only Italian and even Australians.

I didn't work, but my husband was the income earner.

I worked on farms, with agricultural machinery and STA. I always encountered other immigrants and Australians, etc.

No, I never worked in Australia, because I was 64 when I left Italy.

Original recognised trade (fitter).

Running family business.

In building industry; worked with other migrants as is usual in building industry.

Mechanical engineer/architect for various companies.

Housekeeper for five years.

NSW Railways up to 1960, then RAH as casualty clerk.

Labourer at Bridgestone's, and I have worked with many other migrants.

Factory, GM Holdens, process worker, a lot of immigrants worked there at the time.

Qu 2.3: How Settled in Australia

Very well. Most of my friends are Australian. Have had problem with son and daughter in law (now divorced). Big financial issue.

Badly. We had nothing. Had to live like rabbits in a hole. All single men. Also Australians treated us like dirt because we couldn't speak very good English. Australia is not like Europe and I don't like it.

Very happy. English was not difficult to learn. Also know German, Hungarian, Romanian.

Found Australia wonderful. Wanted so much to come here. Almost didn't make it because I have a missing finger. Almost ended up in Brazil.

Found it very difficult. Hated Australia. For 30 years I wasn't happy until I went back. Now I am pleased I am here. Before I was young and I expected something much better. The camp was cold and we had to buy all our things because we had nothing.

Was OK. English was most difficult thing to learn but managed bit by bit. Have 2 children and 5 grandchildren.

Settled well - already knew English and liked the climate.

At first it was difficult, because I had no money and I didn't understand the language. Once I was settled, things got better.

At first I didn't because times were difficult but once we were better settled, I didn't find it so bad.

I settled fairly well, because I was determined to learn English. That helped me a great deal, especially at work.

I found it very difficult because I did not speak the language and I couldn't and still can't get used to this way of life. I always think of home.

Easy, thanks to sponsoring work of reformed church.

Not easy in beginning (home sick). Only first few years, later no trouble.

Family helped and made things easier when arrived.

Good. Lived with daughter but daughter now has had operation on spine. Lives in Retirement Village Unit now.

Well, read the paper to learn English. Got used to it.

Settling in was never easy, now I'm too old to try something new. It was hard because of my family and none could speak English at the time.

Very difficult, could not talk English, did not know anyone. Very hard even now.

Qu 3: People Visiting at Home

Children and grandchildren. I cook for them and they come over and eat or take it home. I love to cook. I also have many friends.

Family, friends, volunteers and the Aged Care Worker.

My daughter is my regular visitor. I don't have that many friends. Volunteers take me to Aged Care Programs and the Aged Care Worker keeps an eye on me.

Due to family problems, I do not see my family that much. An occasional friend comes to see me, the Aged Care Worker and a volunteer from the organisation.

Plenty of friends, majority Dutch people.

Church people and friends.

Different nationalities, but also many Australian born friends.

Family; very comfortable with neighbours.

Volunteers from Club, plus children.

Not many, just a few people that I know, countrymen.

Qu 4: Other Activities Whilst Living at Home

Go to the club, visit people.

Gardening, housework, clubs. Keep very busy.

I still work in the evenings. I do dressmaking - I learnt when in the Ukraine because my mother owned a dress shop. I make national costumes and seem to do a better job now than when I was younger (male).

I work as a voluntary Social Worker and so go to visit a lot of Ukrainian people and help them. Visit those in Seaton NH. Come to the club, sing in the choir, keep busy.

Cooking, Shopping, the club.

Maintain a block, growing vegies and flowers. Secretary a committee. Goes to the Polish club once a month and goes to church.

I like to spend some time with people for companionship, to go shopping, to church on outings, as long as I have transport.

Fortnightly, I go to Mensa (luncheon), play bingo, go on a shopping program, church, etc..

I like to keep[in contact with people, I go to church, on outings, visit friends. I like gardening, I even do some voluntary work when I can.

When transport is provided I like to go everywhere, because I like to socialise, to church, outings, bingo, etc.

Shopping, country holidays, church.

Helping with craftwork in old folks home, church activities.

Shopping, small trips, member of Dutch club.

Children/grandchildren, church involvement.

Gardening, cooking, cleaning, handcrafts, fishing, visiting, club, keep busy

Goes to club, etc., church, keeps busy, loves it.

When retired, wife had a list of things to do "this long". Still haven't finished. Want to start gathering history of Hungarians - political and cultural. Paint pictures, make things, go to club, etc.

Once a week volunteers take me out to a group meeting.

Go to church each Sunday to meet other people, so not so lonely.

Qu 5: Difficulty at Home - Requiring Community Care

Live with son and 2 grandsons. Was in hospital twice but friends come in mornings to shower and dress me and son did it in the evenings.

I try to do as much as I can but I need help with shopping and the more difficult jobs.

I can do most things, but my daughter helps me with anything that is too difficult.

While I still feel OK, I do most things for myself and I still have my wife.

I can do most things myself, but I do need help with cleaning and shopping.

Some difficulties - physical problems and legs. Can accommodate the difficulty, e.g. don't walk as much.

Not mobile anymore, in a wheelchair.

I do, don't do anything at home, my daughter comes every day, bringing hot meals an doing housework.

Qu 7: Things to Make Happy in Nursing Home or Hostel

Not going to live in one. Family and friends help out. Own half the house.

Wouldn't go to one but if had to, I would be too sick to care. As long as I am washed, clothed and fed.

Need food and staff who speak German.

Have been to Seaton NH and I think it is very nice.

I don't want to go ever to a nursing home or hostel. Don't think special services are required. Those at Seaton, only bout 4 or 5 understand you and know what is going on. Others don't need special services.

For me, nothing. I can fit in anywhere, eat any food and understand English. For my husband, he would need someone who could speak Ukrainian because he has forgotten English.

Food not important particularly as Polish food is very fattening. Would like food warming facilities, recreation, TV, some games, medical attendant, nurse or doctor on the spot, but not necessarily Polish. Other residents can always translate.

To find friendship, especially with people who speak my language.

To find someone who speaks Italian, and to find companionship.

To have good communication, relationships with the staff and friendship amongst the people who live there.

To have people who speak my language and to enjoy the company of others who speak Italian.

Have more privacy.

Friends/companionship.

Ready access to children and friends to visit us.

Happy with the system.

Day activities, professional care, games, nurse, hairdresser. Everything nice and clean.

Definitely everything Hungarian - food, people.

Nothing. I can speak English well. Maybe would like the food.

Nothing would make me happy in there. I'd rather die at home with my own people.

My own people and staff, more care and attention but all in all, I'd rather die in my home.

Qu 8: Opinion of Nursing Homes and Hostels

Do have friends who live in one, and it is very nice.

I don't believe in them. They are a waste of money and are really a business. People don't really care. Family should look after you and the government should use the empty hospital beds for old people.

Wouldn't go - children would help.

Would move into one if I became very sick but would prefer to stay in own home.

Don't like them.

Alright. I would live in one, if I had to. But now I am strong and healthy and can manage very well on my own.

Is required by the Polish community (a hostel). Himself won't be able to manage in 2 year's time and would like to move into one.

If I had to go into a nursing home, that it can be as nice as the Italian village.

At least the elderly have somewhere to go.

What I have seen for myself, nursing homes and hostels are a good thing, especially for elderly who live on their own and don't have anywhere to go.

I have never been in a home. I don't think I would like it very much. I would rather stay at home.

Good, when needed.

Very good, if you need it and are ready for it.

Would prefer to be cared for by own children.

When need 24 hour care, then go.

Don't know much. Will go if have to. In Hungary, care was done by the family and only had hospice facilities for those without families.

Wouldn't want to live in one, but if had to, would.

They are very bad places to be in.

A last step before you sign death certificate.

Qu 9: Considerations of Care Needed by NESB People

Not much. I can understand English, etc.

If person doesn't learn English, or forgets it, that's their problem. Why should we get special services? They're too sick to know or care, particularly if they can't talk anymore.

Would vary from person to person. Those who can't speak English might need some special services. If I had to go, I would prefer Seaton NH because of the Ukrainian people there.

Not much. Most know English and so on.

Should consider people like my husband whose English is not good. Other than that, we have been here forty years and can fit anywhere.

To understand us as Italians, to be aware that we are different from other ethnic groups.

To understand the language, understand our traditions and our culture, especially the food.

To have at least one person who understands the language, the culture and just to be aware of my traditions.

They should be aware of my traditions and culture and at least understand what I am saying.

Bilingual staff, with same cultural background.

Own language very important.

Happy with what is available, with the exception of not being allowed to keep pets.

Cultural background and language should be considered as being important.

Staff who speak Hungarian, food.

Everything Hungarian.

For those who can't speak English, it is important to have someone who can speak Hungarian, the food, translated material.

Don't want to talk about it.

I don't know, I have never lived in one, but from what I hear, they are not very pleasant places to be. People not looked after promptly.

Qu 14: Other Comments

My family are good and supportive and would help if they had to.

It is good to see that we have workers who speak Italian and who care for the elderly.

It's important to have people caring for the elderly in our community.

It's nice to know that there are some people who care for the elderly.

We are very fond of maximum privacy - not sufficient with present system.

That people are handled and care for with love and consideration.

Must think of those who can't speak English.

The people who help me now are very nice and very helpful, they are my family now.

If it wasn't for volunteers, I'd be dead by now.

NURSING HOME NESB RESIDENTS

Qu 2.1: Reasons for Leaving Country of Birth

Objection to live under Russian rule and occupation, afraid of deportation.

Went to Germany first but didn't want to stay there. Chose to come to Australia on Govt Sponsorship Scheme.

Came seeking a better life.

Came with family.

Came over with my husband for a better life.

Came with my daughter in 1952. She came here to look for work.

Came after my husband sent for me but can't remember when (believed to be before WW 2).

Came to Australia in 1927, arrived in Perth in search of work. Moved to SA after WW 2.

Came to Australia to look after daughter's family (4 grandchildren) after husband died.

Came before WW2, because husband wanted to, to find work.

I left Italy to join my husband who had come out to work in Australia in 1924.

My daughter was living in Australia, my husband died and so I came to join my daughter.

Health problems. Climatic change due to bronchial trouble.

Personal reasons - loss of baby.

Economic.

My son went to Australia, so I went after him.

Qu 2.2: Work in Australia

Two years in salt mines and then as waterside worker.

Mostly in the country in forests.

First dug ditches and laid water pipes. Then started own building business - did that for 30 years. Worked mainly with Australians.

Factory work. Worked with immigrants of various nationalities.

Worked in restaurants washing dishes and shops doing sewing.

GMH Woodville with many other Italians.

Worked at Chryslers with many other Italians. They used to call me the "Teacher". I learnt English very quickly and I explained the job to new people coming to Chryslers.

Always stuck at home minding the children, cooking, shopping. Only spoke Italian.

Worked at home, looking after grandchildren, making them clothes, cooking, etc.

Came with Minister, wife and family. Was a nurse. Worked at Julia Farr and Resthaven.

Qu 2.3: How Settled in Australia

Would like to go back to Hungary to live with sister - still a Hungarian citizen. Lack of money and language barrier.

Beginning was very hard to get the family accommodation. Lack of language made it all very hard.

Slowly picked up language and things got better.

Very lonely. Anxious just about everything, children, schooling, shopping, etc.

life was very hard and still is, when can't talk to people around you.

I had a hard life. I lost my husband. I buried my only child. I never learned a word of English.

Never really learnt the language. Only on the job English.

Language problems.

Did not like it. Missed Italy.

It was difficult with other Australian people. We Italians stuck together. There were often fights (groups), but we were pretty good.

I didn't like it; it was a mistake to leave Italy.

Language was very hard to learn.

Very difficult for me, because I was stuck at home all of the time. Even my husband would do the shopping, etc., and that's why I could not learn as much English as my husband.

Found it very difficult to speak with people as know no English.

Very lonely. Health broke down. No income. Could not go back. Family in Holland offered to pay return fare. Stayed in Australia for health reasons.

Settled easily, stayed away from Dutch people.

Hard, very hard, could not speak the language.

Not very hard, I was within my family. I did not need any contact with an outside world.

Qu 6: Possibility of Staying Home Longer (Type of Care Needed)

If I could have had a downstairs flat, I may have managed with some outside help.

Someone to be around when the family went to work.

Someone who could speak Greek.

Someone to be with me and help me in and out of bed, cook for me an bath me.

No longer able to cope with all showering, dressing, and with "mood" changes, i.e. stressful at home.

My daughter wanted me to move.

My son said it would be better here.

It was too difficult for my daughter.

Didn't get along with daughter very well and son-in-law had died (Italian).

Because my son said it was too hard (and dangerous), because he was too busy working.

It was too difficult for me to do things like cooking. Even though really wanted to stay at home.

Could not get Meals on Wheels. Considered too healthy. Doctor would not allow me to stay home any longer.

Very depressed. Needed company.

If I wasn't so sick, volunteers and relatives would support me.

I do get a lot of community support. I did not need to go to a nursing home.

Qu 10: Consulted in Regards to Placement

I could choose where I went.

No. Was too sick to.

Helped choose place and realised needed help. Hoping to get well enough to go back home and live in own granny flat.

Moved from another nursing home.

I was shown the room.

Went to look at another nursing home.

My daughter said that if I didn't like it here, we could find another home. But I have respect here. They treat me very well.

Daughter helped to convince her.

We went to look at two other places and I chose this one.

Could have gone to Resthaven but decided to come here.

Couple of people here that I know.

Qu 12: Activities Missed the Most

Does nothing. Sits in day room. Misses everything.

Miss home cooking. Very upset about the cooking in the nursing home, especially since the Italian cook left. Does nothing, gets dressed; put in the day room and "thinks about being able to converse".
(NB There are other elderly Italian residents, but most of them do not converse very often and very difficult for other residents to understand them.)

Company, otherwise only go walking around nursing home.

Qu 13: Ethno-Specific Services Wanted Most

Chance to talk in own language and eating food I have been preparing most of my life.

Language. Better choice of food.

Language. More choice in foods, a single room.

Only one person here can speak tome once a week. Family is very busy, can't expect them to take me to church.

Not the same as home. Family and friends get busy and have no time. People here are busy as well.

No one to take me around. People are too busy around here. I can't talk with anyone.

Can't have normal conversation even with those who speak Italian.

They don't care. Only one lady speaks Italian.

I don't feel like going out too much; can't eat everything I used to like (health reasons). I only go walking when I feel good. I like to go walking as I don't like being cramped up inside.

Find it difficult to walk; no one organises any outings; activities; especially misses the beach.

Too old now to go out and nobody comes to see me.

Can't really do very much i.e. outings, as doesn't really feel up to it (health reasons). Daughters often too busy, even though they take turns in picking her up and taking her to the houses.

Residents are older. Independence. They cook and clean. They shower and bath me due to my ill health.

I am very ill and I can't get out of the bed by myself now.

There aren't enough people of my own thinking I can talk to.

Qu 14: Special Considerations For NESB Residents

Nothing. We are not special. Most of us can speak English. Food is good. They look after you well.

Place was once a home for Polish people, so it does alright. the people are good.

Place is good and likes it very much. Goes 1-2 times a month to club and goes home Sundays and wife cooks for him. Wife visits every day, as just lives around the corner, and sometimes brings him dinner.

Always mixed with Australians and considers herself as such.

Food. Isn't moving to Greek nursing home as quite settled here. Allowed to say grace in Greek, talks to other Greek residents. Sometimes doesn't like attitude of staff in relation to needing bedpan. Overall, is pretty happy as can be.

Language barrier. Missing contact with my church.

Nothing really. It is good here but do have problems with the language.

To think about the particular person. To have people that can speak to use and understand us. Food is also important but not a priority.

Have people who can speak to use and take us to church. Provide us with own food. To understand our minor needs. Have people who can talk to us. I mostly like to talk to someone interesting. Food is not the same, tasteless.

Respect, dignity and better food.

Let me die, I want to die.

Respect for people; privacy.

Respect for another person. The people that work there should be good with people (they are very good here).

Respect for our way of life and food, and the time we like to eat e.g. I like to eat at 12pm, and 6.30pm not 5pm.

The staff are all OK here, sometimes half-half. Want better food, not used to the food.

Believes the staff are very good here because they respect her culture and language. Emphasised importance of respect and treating people who need help and respect.

Believes staff are helpful and friendly, but it is still difficult being the only Italian here. Also not as happy about the food provided here.

Meals. Food is very different here. Likes real potatoes, cauliflower. Here only peas and carrots.

Qu 19: Additional Comments

Wants freedom.

Goes to "care and share" group regularly which she enjoys as can talk to other people. Is a bit of a TV addict. Would like someone to read to her in Russian or get books on cassette in French. She is as happy as can be. Most importantly, she is with her husband. "If you have been married 68 years, you become one".

The care provided at the nursing home is very good. Food, people are great. Just finds the days long and sits around just waiting for family to visit. Watches TV and also goes to physiotherapy twice a week. Does do exercises to fill time.

Not very happy, but sees that other people have children and they are here too. Is not as bad off as some. Only waiting to die.

Daughter herself now quite ill and is now finding it difficult to visit as often, as travels across town.

Has 3 sons who are old now too and retired. Come and visit regularly.

Italian woman in next bed is very noisy and it disturbs her. Asked to be moved to another room, but told that there isn't enough room.

Thanks to the care of the Lithuanian Women's Association, who came to my assistance during and after my illness. I am in good care now.

Time goes very slowly when you have no one to talk to. I am fortunate to be visited by the Lithuanian Women's Association members which I appreciate very much.

No place like home.

I miss the company and the food. The staff treat us well but find it hard to understand us.

Believes she is well looked after here but misses the opportunity to be able to speak Italian with younger people.

People sometimes laugh at my accent and difficulty in speaking English.

Found interview very interesting and worthwhile.

HOSTEL NESB RESIDENTS

Through my grandson, found many friends, especially through a certain religious group who would visit regularly.

His children contacted him more regularly when he lived at home. He previously lived at the Hallet Cove Hostel, but relocated due to failing health (too undulating grounds, loss of driver's licence).

Apart from regular outings, association with religious group, she is not able to go out shopping; walking very far. She says she would like to out on some of the trips organised through the Hostel but is often afraid she'll have an angina attack and finds it difficult being the only Italian person here in the Hostel. Still able to do own cooking; go to religious group; knitting; have regular visits from grandson.

Miss the atmosphere of having my own home, with my own things. I had to sell almost everything to move here. It was much nicer at home.

Things are good, can do activities (make things), paint and do have a lot of visitors from Latvian community. Own personal feelings of being there are the problem.

Lack of physical strength i.e. can't cope with much noise, isn't able to walk very far without resting. Often can't understand other staff members as speak too quickly. Can't eat what I would want to or when I want. I lost contact with my friends.

No need for anything as still can basically do own thing.

Nothing needed. Already have five other Italians living in village. Talk to them occasionally.

Nothing really. Care for everybody well here. (Didn't relate to question as saw herself Australian.) Wasn't happy moving initially, but feels she has settled in very well.

Do have problems with language.

Believes staff are helpful and friendly but it's still difficult being the only Italian here. Also not as happy about the food provided.

You are free but not free. People say hello. This is a compound filled with old creaky people. Food: no eggs (fried), no rump steak. Misses Dutch meals. Agrees with considerations.

Situation is good as can be expected. Does like some residents, staff and her painting. Does not particularly like being there. Goes to hostel's chapel and sings in a little group. Food is good. Latvian visitors sometimes do bring Latvian food. Have own room so can get some privacy if wants to. Misses going to the club, but finds travelling too difficult.

Still very active doing crafts. Goes to the German club once a week, plays bingo, speaks German there. Still goes to the movies and has an access cab card. Likes it there.

Watches TV in the evenings and sits by the window all day. The food and services are very good and has no complaints.

Very adaptable. Came to live in Australia, now needs to live here. Only complaint is that have so much time to think about the past. Lives day by day due to health, but knows will go to Paradise (Heaven).

Very happy at the hostel. Has many visitors, the food is good and the people. Has made some friends there. Family is very close and supportive.

Granddaughter visits twice a week and takes her out regularly. She feels tired and worn out and feels time soon to go. She had a good life and has many memories to reflect on. Listening to cassettes, reading and watching TV full time. Her approach to the hostel is to look at it as a hotel and that makes her feel better.

Staff are lovely. Helps out serving meals as can walk. Aren't pensioners. Pay out of own capital. Will still have money left over when die, as she is from wealthy family.

Believes hostel is too expensive ($237 per fortnight). Provide dinner every day but provide own breakfast and lunch which comes out of won pocket. Room cleaned once a week, sheets changed air conditioning and heating, electricity provided. Believes as taxes paid all life, and then get nothing. Sometimes only $20 left in pocket which is not enough to buy clothes, etc.

It is a completely different life in a Hostel. It's something you need to experience. People talk about what happened in the past. I'm not interested in their talk. I feel on a different level, not better, but different. They always talk about the same things; cards bingo and knitting. I feel more cultured.

APPENDIX 3

BEST COPY AVAILABLE

Each Resident of a Nursing Home has the RIGHT:

1) to quality care which is appropriate to their needs.

2) to full information about their own state of health and about available treatments.

3) to be treated with dignity and respect, and to live without exploitation, abuse or neglect.

4) to live without discrimination or victimisation. The resident is not indebted to those providing their care and accommodation.

5) to personal privacy.

6) to live in a safe, secure and homelike environment, and to move freely both within and outside the nursing home without undue restriction.

7) to be treated and accepted as an individual. Each resident's individual preferences are taken into account and treated with respect.

8) to continue their cultural and religious practices and to retain the language of their choice, without discrimination.

9) to select and maintain social and personal relationships with any other person without fear, criticism or restriction.

10) to freedom of speech.

11) to maintain their personal independence, which includes a recognition of personal responsibility for their own actions and choices. Some actions may involve an element of risk which the resident has the right to accept, and which should not then be used to prevent or restrict those actions.

12) to maintain control over, and to continue making decisions about, the personal aspects of their daily lives, their financial affairs and their possessions.

13) to be involved in the activities, associations and friendships of their choice, both within and outside the nursing home.

14) to have access to services and activities which are available generally in the community.

15) to be consulted on, and to choose to have input into, decisions about the living arrangements of the nursing home.

16) to information about their rights, care, accommodation, and any other information which relates to them personally.

17) to complain and to take action to resolve disputes.

18) to have access to advocates and other avenues of redress. Reprisal in any form is not made against any resident who takes action to enforce their rights.

Reproduced from the:

CHARTER OF RESIDENTS' RIGHTS AND RESPONSIBILITIES
DCS&H, 1990

Now officially applicable to Hostel residents as well.

STANDARDS FOR NURSING HOME CARE*

1. The nursing home will ensure that each resident receives appropriate medical care by a medical practitioner of his/her choice when needed.

2. The nursing home will ensure that each resident is referred for appropriate health services when needed and that any recommended treatment is received by the appropriate aids and equipment.

3. The nursing home will ensure that an appropriate care plan for each resident is developed, implemented and reviewed in consultation with the resident, their medical practitioner and other relevant health practitioners.

4. In the provision of accommodation and the care and treatment of residents, the nursing home will take all reasonable action to ensure that the personal rights of residents are respected and that each resident's needs in relation to social contact, management of personal finances, religious and cultural customs are adequately met.

   Religious and Cultural Customs (explanatory paragraphs)
   In relation to religious and cultural customs, the nursing home must consider, and take all reasonable steps to meet, the individual needs and preferences of each resident.

   Attention must be given to communication with residents from a non-English speaking background in order to identify and meet their needs.

5. The nursing home will provide accommodation in which the design, furnishings and practices are as homelike as possible, and in which residents follow a routine similar to that of the general community.

6. The nursing home design, equipment and practices will adequately protect the physical safety and security of residents and their belongings.

* As written in the Commonwealth of Australia Gazette No. S 303, Wednesday 11 November 1987 under the National Health Act 1953 Section 45D.